



Health Costing in Alberta

2006 Annual Report

Health Authority Funding and Financial Accountability
Alberta Health & Wellness

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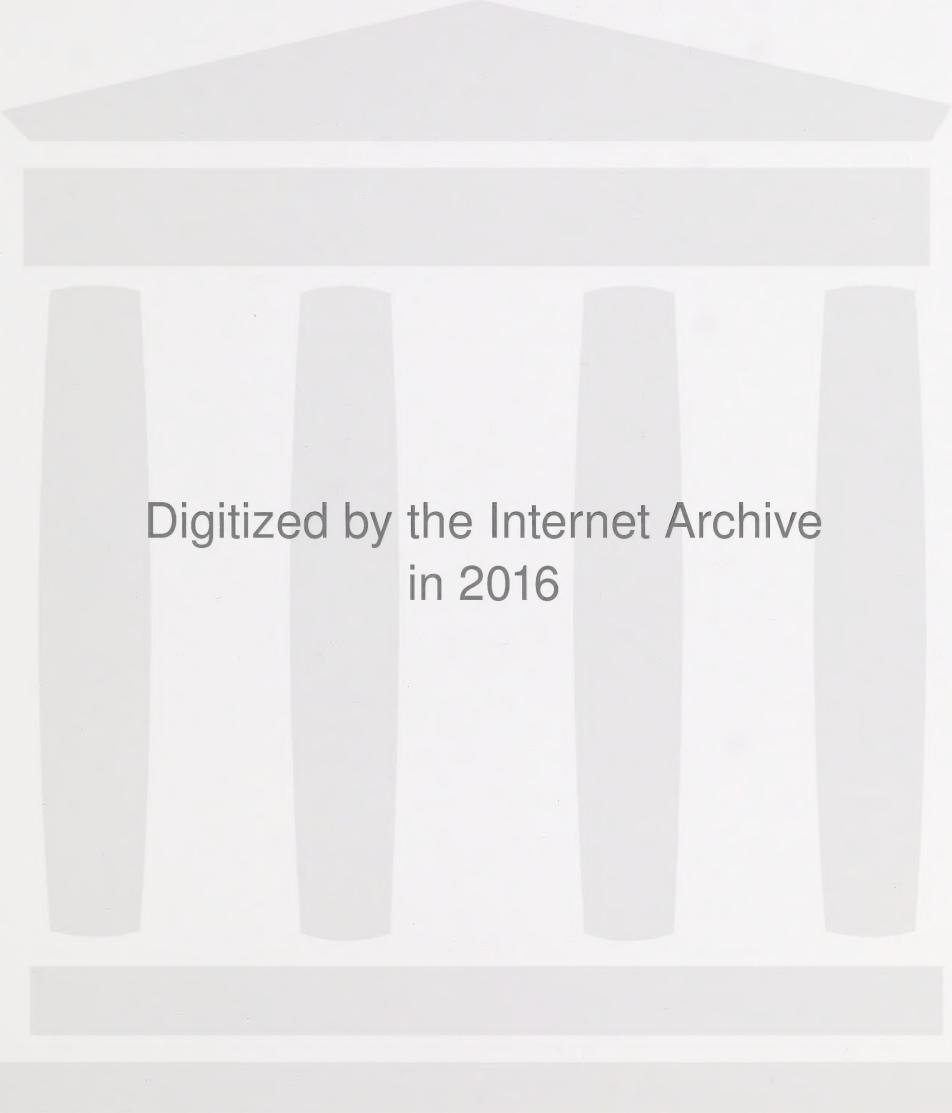
<http://www.health.gov.ab.ca>

Frequently Used Acronyms

ACCS	Ambulatory Care Classification System
CACS	Comprehensive Ambulatory Classification System
CIHI	Canadian Institute for Health Information
CMG	Case Mix Group
CMI	Case Mix Index
HSRV	Hospital Specific Relative Value
MAC	Major Ambulatory Clusters
MCC	Major Clinical Category
RIW	Resource Intensity Weight
RDRG	Refined Diagnosis Related Group
RHA	Regional Health Authority
SWRV	System Wide Relative Value

Table of Contents

Frequently Used Acronyms	inside front cover
Introduction	1
Activity Summaries	17
Inpatient Information	17
Ambulatory Care Information	45
Definitions	67
Schedules	69
Inpatient Schedules	
Schedule 1 - Inpatient Cost Results	69
Schedule 2 - Inpatient Yearly Comparisons	138
Schedule 3 - Inpatient Statistical Background	209
Ambulatory Care Schedules	
Schedule 4 - Ambulatory Care Cost Results	279
Schedule 5 - Ambulatory Care Yearly Comparisons	293
Schedule 6 - Ambulatory Care Statistical Background	307
Appendix	321



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Introduction

The Alberta Costing Partnership has successfully developed patient specific case costs for both inpatient and ambulatory care, for the eighth consecutive year. The partnership consists of five costing regions along with the department of Alberta Health and Wellness.

The 2006 Annual Report discloses the cost of cases that were handled by the participating health regions between April 1, 2004 and March 31, 2005. Cases are grouped by linking to activity data to provide appropriate summary information.

The cost information contained in this publication does not represent the provincial average cost of hospital-based services across the regional health authorities. Rather it reflects the average cost derived from the data submitted by only two health authorities for 12 different sites. The costs from these sites reflect 55 per cent of the provincial level of hospital-based inpatient activity (separations) and 29 per cent of the ambulatory care activity (visits). Although the data submitted have gone through reasonability validation, the Alberta Costing Partnership provides no external assurance over the appropriateness and completeness of cost allocations done by the health authorities.

The inpatient costs are grouped by Case Mix Groups (CMGs) and ambulatory care costs are grouped by the Ambulatory Care Classification System (ACCS). Summary charts in the Inpatient Information section and the Ambulatory Care Information section highlight the most significant CMGs and ACCS cells in each Major Clinical Category (MCC) and Major Ambulatory Clusters (MAC) respectively. Additional summary information regarding the distribution of activity by region, age, gender, procedure and diagnosis is also included.

These summary charts are supported by comprehensive schedules. Similar to the charts, the schedules summarize the cost data by CMGs and ACCS cells. Direct and indirect cost components are provided in schedules 1 and 4. Schedules 2 and 5 provide information on cost trends. Schedules 3 and 6 provide statistical data to assist users in assessing the accuracy and relevance of the cost data. Readers are encouraged to refer to the definitions of column headings on page 67.

The major driver behind health costing in Alberta continues to be the use of case costs in the calculation of each health region's funding. However, there is an increasing demand for cost information from users in the department, health authorities, and external users.

Outside Alberta, significant interest has been expressed in the work done by the Alberta Costing Partnership, with numerous inquiries received from national bodies, other provincial health ministries, researchers, universities,

Health Costing in Alberta

2006 Annual Report

major pharmaceutical companies and medical personnel. Demand for Alberta cost data continues to increase.

Alberta's Costing Partnership

Leadership of the Alberta Costing Partnership resides within the Ministry of Health and Wellness. The health authority funding and financial accountability branch is responsible for carrying on the health costing mandate. Health costing was done in conjunction with five regional health authorities (RHAs) that utilized a common costing framework to generate patient specific case costs. The five regions are:

- ◆ Chinook Regional Health Authority,
- ◆ Calgary Health Region,
- ◆ David Thompson Regional Health Authority,
- ◆ Capital Health, and
- ◆ Peace Country Health.

In addition to collecting and submitting cost data, each of the costing regions is expected to appoint a regional costing co-ordinator to represent its region on the Costing Function Team. Team members are expected to provide input to any discussions/decisions regarding the costing framework and process.

Team members participate in the costing round table review of the provincial cost results. The participants review the statistical analysis and compare costs among the contributing regions. Issues identified in this process are investigated and resolved by the team prior to publication of this report.

Contributors to 2004/2005 Costs

Although five RHAs participated in the Alberta Costing Partnership, data were only submitted from two regions – Calgary Health Region and Capital Health.

In total, cost data submitted by the regions for inpatient services totaled over 196,000 patient records and over 2.0 million costed visits for ambulatory care.

Health Costing in Alberta

2006 Annual Report

Comparison of Cost and Activity Data Collected

	Inpatient			Ambulatory Care		
	Costed Records	Provincial Activity Reported	Costed Records as % of Activity	Costed Records	Provincial Activity Reported	Costed Records as % of Activity
1997/1998	129,000	335,000	39%	458,000	2.7 Million	18%
1998/1999	144,500	346,000	42%	1.1 Million	3.7 Million	30%
1999/2000	104,000	346,500	30%	1.1 Million	4.2 Million	26%
2000/2001	134,000	343,000	39%	1.4 Million	5.5 Million	25%
2001/2002	185,000	337,500	55%	1.5 Million	5.9 Million	25%
2002/2003	194,000	345,000	56%	1.9 Million	6.2 Million	31%
2003/2004	195,000	353,000	55%	1.9 Million	6.8 Million	28%
2004/2005	196,000	357,000	55%	2.0 Million	6.9 Million	29%

Cost data were provided from 12 different sites. Each site tracks costs on a patient specific basis in one or more functional centres.

The bulk of the costs for inpatient cases flow from inpatient nursing functional centres; therefore, only sites with the ability to track nursing costs on a patient specific basis are included in this report. Since inpatients routinely receive services in other functional centres such as emergency, diagnostic imaging and laboratory services, regions have developed the capability to track costs in these centres on a patient specific basis. Where this capability does not exist, regions use allocation models to ensure that appropriate costs are properly distributed to inpatient cases.

The costs for ambulatory care cases are reported where there are systems to track costs on a patient specific basis in the functional centres directly providing ambulatory care. The following table outlines the facility and availability of patient specific cost information submitted in the 2004/2005 fiscal year.

Health Costing in Alberta

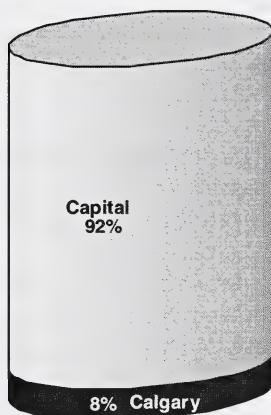
2006 Annual Report

2004/2005 Cost Data by Region/Facility

Regional Health Authority	Site	Inpatient	E.R.	Day Procedures	Clinics	DI	Rehab
Chinook	No cost data supplied for 2004/2005						
Calgary	<i>Alberta Children's Hospital</i>	Yes	Yes	Yes	No	Yes	No
	<i>Foothills Medical Centre</i>	Yes	No	Yes	Yes	Yes	No
	<i>Rockyview General Hospital</i>	Yes	No	Yes	Yes	Yes	No
	<i>Peter Lougheed Centre</i>	Yes	No	No	No	Yes	No
David Thompson	No cost data supplied for 2004/2005						
Capital	<i>Glenrose Rehabilitation Hospital</i>	Yes	Yes	Yes	Yes	Yes	Yes
	<i>Misericordia Community Hospital</i>	Yes	Yes	Yes	Yes	Yes	Yes
	<i>Grey Nuns Community Hospital</i>	Yes	Yes	Yes	Yes	Yes	Yes
	<i>Royal Alexandra Hospital</i>	Yes	Yes	Yes	Yes	Yes	Yes
	<i>University of Alberta Hospital</i>	Yes	Yes	Yes	Yes	Yes	Yes
	<i>Leduc Community Hospital</i>	Yes	Yes	Yes	Yes	Yes	Yes
	<i>Sturgeon Community Hospital</i>	Yes	Yes	Yes	Yes	Yes	Yes
	<i>Northeast Community Health Centre</i>	No	Yes	No	Yes	Yes	Yes
Peace Country	No cost data supplied for 2004/2005						

The following charts show the number of costed records received from each region (shown as percentages). Capital Health currently provides the bulk of the ambulatory care cost data. For the other cost pool, inpatient data, Calgary Health Region and Capital Health provide similar amounts of data.

Ambulatory Care Records



Inpatient Records



Processes for 2004/2005 Cost Computations

The cost computation processes used in this report are consistent with the prior year. For both inpatient and ambulatory care, the 2003/2004 and 2004/2005 cost data were blended together, with the 2002/2003 data being used as a top-up source. This combination of data increases the database size, which reduces the number of low-volume cells, and improves the stability of costs.

While not necessary in computing relative values, in order to combine the data and still arrive at appropriate average case costs, it was necessary to inflate the historical data. The following table lists the inflation rates:

Fiscal Years of Cost Data	Inflation Rate Applied
2002/2003	4.6%
2003/2004	4.5%

The data submitted were edited for reasonability. The following list describes the type of edit checks used:

1. Ambulatory care
 - a) exclude any visits which did not include allocated overhead costs
 - b) exclude any visits grouped to ACCS 3 (nerve injections) with a case cost less than \$16.00
 - c) exclude any visits grouped to intervention cells (ACCS groups between 1.1 and 99), excluding ACCS 3 (nerve injections), with a case cost less than \$21.00

- d) exclude any visits grouped to ACCS 1062, 1101, 1111, 1121, 1151, 1201, 1221, 1241, 2021, 2022, 2051, 2063, 2070, 2082, or 2099 with a case cost less than \$5.00
 - e) exclude any visits grouped to clinical cells not specified in 1.d) with a case cost less than \$11.00
2. Inpatient
- a) exclude any visits with a case cost of less than \$200.00 if the length of stay is not one day or less
 - b) exclude any cases without nursing costs
 - c) exclude any visits with a cost per day less than \$100.00
 - d) exclude any visits which did not include allocated overhead costs
 - e) exclude any visits beyond the trim point
 - f) exclude any visits with an invalid length of stay

The rest of the costing process remained constant with prior years' cost development.

Data Flows

Cost data collected by the participating RHAs are forwarded to the health authority reporting and costing branch of Alberta Health and Wellness on an annual basis.

Processing of the raw cost data is done at Alberta Health and Wellness with the results reviewed and validated in consultation with the Costing Function Team. The process ultimately results in the development of patient specific case costs, average costs and relative values. The processed cost records reside in the Alberta Health and Wellness database and are available for extraction for research and management purposes subject to the provisions of the *Health Information Act*.

One of the primary users of the information is the health funding unit at Alberta Health and Wellness. For ambulatory care, the system wide relative values are used in the funding formula. Funding calculations for Province Wide Services use the average costs from the inpatient data.

CIHI is also a significant user of the costing results. Alberta Health and Wellness sends the final set of cost data to CIHI to be combined with cost data from Ontario and British Columbia to develop national weights. One set of weights produced is the Resource Intensity Weights (RIWs) by Case Mix Groups. The health funding unit uses these RIWs in the funding formula for inpatient care.

The other major users of data are the regional health authorities. Finalized cost and activity data are provided back to the regions in a summarized format. Regions use cost data for rate setting with third party payers and providers, revenue analysis, financial planning, evaluation, and

benchmarking. In summary, various users have used the cost information to improve resource allocation and consumption decisions.

Data Collection Processes

The costing exercise is heavily dependent upon data collection systems. There are two components to the data utilized by Alberta Health and Wellness in developing case costs: activity data and patient specific cost data.

Activity Data

Patient specific activity data are collected by all regions and represents unique information for each particular service. For example, the activity data includes:

- ◆ patient demographics (birthdate, personal health number, gender, etc.),
- ◆ responsibility for payment,
- ◆ procedure/diagnosis codes,
- ◆ service dates,
- ◆ service location,
- ◆ patient disposition, and
- ◆ provider type.

“...[A]mbulatory care data includes data from traditional hospital-based programs (such as Emergency and Day Surgery), as well as services delivered in community based settings (such as outpatient clinics) [or private clinics], ... primary and secondary prevention as well as diagnosis, patient education, treatment, and rehabilitative services.”¹

Inpatient data include hospital discharge data from acute, chronic and rehabilitative facilities (which includes psychiatric institutions and cancer facilities). As the facilities are reporting the activities in a fiscal year, the activity records include visits from Alberta residents, as well as residents from other provinces or from other countries.

All health regions send both the ambulatory care and inpatient activity data directly to Alberta Health and Wellness using the Morbidity and Ambulatory Care Abstracting Reporting (MACAR) system. The ambulatory care data are grouped with the Alberta-developed Ambulatory Care Classification System (ACCS) grouper. Inpatient activity data are collected and submitted to CIHI, where it is incorporated into the Discharge Abstract Database (DAD). CIHI groups the data using a CMG grouper. A file containing the group codes is returned to Alberta Health and Wellness. After the fiscal year has closed,

¹ *Ambulatory Care in Alberta Using Ambulatory Care Classification System Data*, Alberta Health and Wellness, August 2004, p. 1.

Health Costing in Alberta

2006 Annual Report

modifications are made to some of the inpatient records and then the file is regrouped internally using a desktop version of the CMG grouper.

Cost Data

The costing regions provide patient specific cost data for both ambulatory and inpatient services. A concerted attempt has been made to parallel the two processes, in keeping with the overall costing framework. Cost data from the regions are submitted directly to Alberta Health and Wellness. The cost data does not include payments made to Alberta physicians or allied practitioners. For information on these payments, please refer to the *Alberta Health Care Insurance Plan Statistical Supplement*. The 2004/2005 version is available on the Alberta Health and Wellness website in the News/Media/Resources/Annual Reports section.

Although the data are submitted only once a year, the regions may send monthly, quarterly, or annual cost files. These files include, for each case, common information that is used to link the data. In addition, the files contain the following diverse information:

1. Patient specific supply costs
 - ◆ patient specific drug costs
 - ◆ patient specific supply costs

These are supply costs that can be directly assigned to specific patients (e.g. operating room supplies, drugs dispensed on a prescription or unit dose basis).
2. Other patient specific cost data
 - ◆ Functional centre direct costs: include all costs (salaries, drugs, medical, and surgical supplies) and other expenses in the patient care functional centres (called absorbing cost centres) for services provided directly to patients. Also, included in these costs are the direct administrative costs associated with the administration of a patient care area, such as salaries of patient care managers and medical staff administration.
 - ◆ Functional centre indirect costs: include costs associated with the administration and support functional centres (called transient cost centres). These indirect expenditures are allocated to patient care functional centres. Examples of these types of costs are general administration and support services such as finance, material management, facilities management, registration, patient food services, and health records.
 - ◆ Non-specific patient drug allocation: are costs for ward stock and other drugs that could not be directly assigned to specific patients.

The submitted costs do not include expenditures not related to patient care. For instance, amortization of building and leasehold improvements, contributed services, or full cost of ancillary operations is excluded.

Cost Data Processes

The data from the cost data files are initially summarized into one record that includes the total case cost. The second step in the process is to link these costed cases with the separate activity files to derive group assignments. Once linked, the relative values and average costs by group are calculated.

Trimming Data

Trimming of cost data is a standard practice in the calculation of average case costs and relative values for each cell or group. The trimming process results in the exclusion of those cases that are atypical from these calculations.

Because of the trending analysis issue with the ICD-10-CA/CCI coding system, this year trimming of inpatient cases in Alberta was based on the length of stay (LOS) from the past three years of Alberta inpatient discharges. A trim point is determined for each group. Any case with a length of stay beyond the trim point is considered an outlier or an atypical case with an associated higher cost. The rationale for trimming is that the retention of outliers in the relative value and average cost calculations would lead to the potential overvaluation of services.

The formula used in calculating the inpatient trim point is applied to data from the Discharge Abstract Database and is outlined below:

$$(\text{LOS of third quartile}) + (2 * (\text{LOS of third quartile} - \text{LOS of first quartile}))$$

An acceptable measure for use in trimming ambulatory care data has not been identified. During the review/validation of 1998/1999 costs, the application of a trim point for each ACCS cell based on plus or minus three standard deviations from the cell mean was considered. Upon reviewing the results of this approach, the Costing Function Team determined that this method of trimming would not be employed, as it appeared to exclude a significant number of valid cases.

Grouping of Data

Nationally, CIHI sponsors the use of the Case Mix Groups (CMG) grouper for inpatient cases. They have developed Resource Intensity Weights (RIWs) for each CMG. The health funding and economics branch began utilizing these RIWs in the 2001/2002 funding calculations.

For grouping of ambulatory care data, the Alberta-developed Ambulatory Care Classification System (ACCS) is used. CIHI also sponsors a national ambulatory care grouper, Comprehensive Ambulatory Classification System

(CACS), which is modeled upon Alberta's ACCS. Discussions regarding the merit of switching from ACCS to CACS are ongoing. Until a final decision is made, the ambulatory care cost results will be produced by ACCS.

CMG Grouper

The CMG grouper groups patients together who are similar in terms of resources used. The variables required to define the Case Mix Groups are:

- ◆ most responsible diagnosis,
- ◆ weight (for neonates),
- ◆ presence or absence of operating room procedures,
- ◆ surgical hierarchy/medical hierarchy, and
- ◆ diagnosis types 1, 2, W, X, and Y.²

The complexity overlay on the CMG codes enhances the prediction of utilization of acute care resources within medical/surgical specialties. A complexity level is not applied to a CMG code unless it improves homogeneity in length of stay (LOS) or total resource use. The variables used in assigning the complexity levels are:

- ◆ major clinical categories/case mix groups,
- ◆ pre-admission comorbidity (type 1 diagnosis),
- ◆ post-admission comorbidity (type 2 diagnosis),
- ◆ service transfer diagnosis (type W, X, or Y diagnosis)
- ◆ comorbidity grades,
- ◆ number of body systems involved, and
- ◆ number of "complex" comorbidities.³

The complexity levels are as follows:

- Plx 1 – no complexity,
- Plx 2 – complexity related to chronic conditions,
- Plx 3 – complexity related to serious/important conditions,
- Plx 4 – complexity related to potentially life-threatening conditions, and
- Plx 9 – complexity not applied (for instance, the complexity may already be captured within the CMG assignment methodology).⁴

A Plx group is the combination of CMG code + Plx Level. CIHI also applies an age overlay to each Plx group based on the age of the patient:

- 1 – 0 to 17 years old,
- 2 – 18 to 69 years old, and
- 3 – 70 plus years old.

² Grouping Methodologies: CMG™ and Plx™, Canadian Institute for Health Information, Revised 2000, p. 9.

³ Ibid., p. 21.

⁴ Ibid., p. 24.

Health Costing in Alberta 2006 Annual Report

There are 478 CMG codes and 1588 Plx groups. When the age overlay is applied to these Plx groups, the result is 4760 new codes (commonly referred to as Aplx cells). Unfortunately, there are low volume concerns for the majority of these Aplx cells using the Alberta costing data. Therefore, the cost results by CMG code + Plx level + age group are not published in this report.

The final set of 2004/2005 inpatient data were classified using the CMG 2003 Version 2.0 Desktop Grouper. A relative value was calculated for all CMG groups, except for CMG 997 Stillbirths since there is no activity reported for this CMG . After the costing calculations were complete, there were 16 Plx groups where activity existed in the morbidity file but no relative value was derived. As RIWs, and not SWRVs, are now used in regional funding calculations, CFT decided there was no longer a requirement to create estimates for these missing Plx groups.

ACCS Grouper

The Ambulatory Care Classification System (ACCS) was developed in Alberta. The project began in 1989 under the direction of Alberta Health and Wellness with the intent to create an ambulatory care grouper tailored to Alberta specifications. The project began with a review of existing groupers (DPGs, PACs, EDGs) and used these building blocks, in combination with Alberta data, to develop ACCS.

To run the ACCS grouper the required data consist of patient demographics and visit related information such as diagnosis/procedure code, mode of service, date of service, patient disposition, etc. The ACCS grouper used to classify the cost data this year was composed of 430 groups.

Originally, average costs were not calculated for 15 ACCS groups, as no cost data were submitted for these groups in the past three years. Of these 15 groups, nine groups had activity reported in 2004/2005. As mentioned, the costing results are used in regional funding calculations. As part of this calculation, every activity record is assigned a cost value. Consequently, a SWRV must be estimated for the missing ACCS groups. Based on recommendations from the Costing Function Team, a value of 1.0000 was assigned to these ACCS groups. In total, there were 424 groups populated with a SWRV; the remaining six ACCS groups were not used in the funding formula.

The authors and managers of ACCS have the ability to modify the grouper based on Alberta results, or to meet specific needs within the province. For instance, a review of the resource homogeneity of a number of ACCS grouper cells was undertaken in early 2000. In addition to an examination of the relative resource homogeneity of each of the groups, a review was done of the need for a number of under-populated or similar groups.

Grouping Results

Each of the schedules includes a list of the ACCS or CMG group numbers along with the descriptive name of each group. For more information on the contents of each group (i.e. ICD-10-CA/CCI codes), it will be necessary for interested parties to go to source documents for the respective groupers. Information on the ACCS grouper can be obtained from the health funding and economics branch of Alberta Health and Wellness (780-427-7040).

Only a small number of ungroupable records were found in both the inpatient and ambulatory care activity and cost submissions.

Data Top-Up

Top-up is the generally accepted practice of supplementing any low volume cells with cost data from historical data or another jurisdiction. Determining the top-up threshold is a somewhat subjective decision. In Alberta, the standard has been set at five, meaning that any cell with four or fewer cost records will require topping-up with additional cost data.

In the past, low-volume cells were topped up with cost records from the remaining set of cost data (data from 1997/1998 to 2002/2003). Topping up these low-volume cells results in a much more extensive data set upon which to base average costs. Furthermore, this extensive data set also reduces the requirement to rely upon other jurisdictions' data for top-up. No attempt is made to top-up any cells for which no cases had been reported within the province.

In April 2002, abstract coding switched from ICD-9-CM to ICD-10-CA/CCI. This switch had a significant impact on the grouping process. When the 2002/2003 data were reviewed, a number of records did not flow into the same groups as they would have in the previous year. Consequently, historical cost data based on ICD-9-CM coding cannot be used for top-up. However, now that there are three years of Alberta data coded using ICD-10-CA/CCI, the 2002/2003 data were used as top-up in this year's processing.

Contribution to National Weights

Alberta Health and Wellness provided CIHI with inpatient and ambulatory care case costs in previous years. It is expected that the final costs from 2004/2005 for inpatient and ambulatory care will also be provided to CIHI, for use in the development of future national weights.

Resource Intensity Weights

On an annual basis, Canadian Institute for Health Information (CIHI) develops and publishes a schedule of Resource Intensity Weights (RIWs) based on their CMG grouper. RIWs are also published for Day Procedure Groups (DPGs). According to CIHI's Web page⁵

"The Resource Intensity Weights (RIW) system is a relative resource allocation methodology for estimating a hospital's inpatient specific costs for both acute and day procedure care. RIW is used to standardize the expression of hospital case volumes, recognizing that not all patients require the same health care resources. Volume is then expressed as "weighted cases".

"Uses

- translating case mix data into cost data
- determining unit costs for atypical cases
- identifying priorities by CMG for utilization management
- planning new programs
- evaluating program efficiency"

The national RIW technical working group reviewed the initial data submitted for costing by Alberta Health and Wellness. They assessed it against the following criteria:

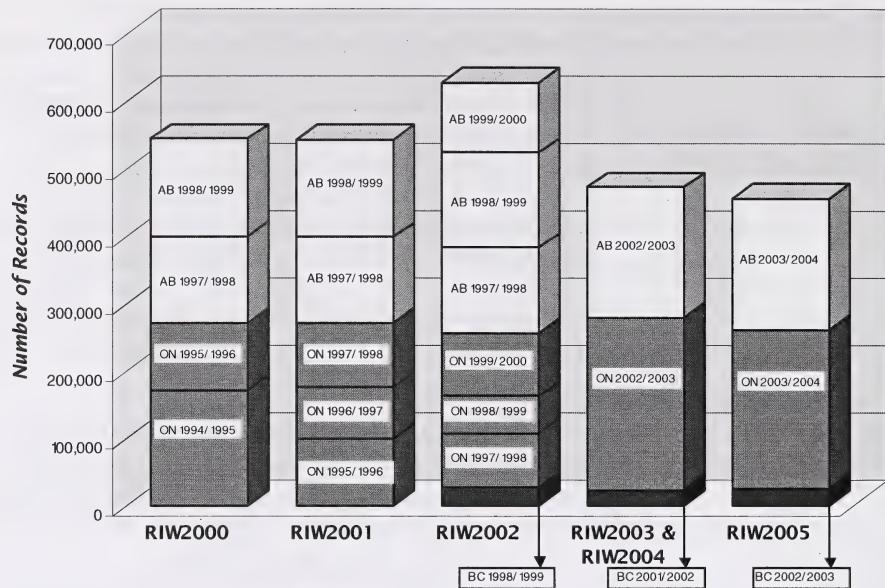
- ◆ the methodology for capturing cost data must be documented,
- ◆ sufficient data volume must exist,
- ◆ supply of data should be available on a timely basis, and
- ◆ data must be statistically valid.

The review concluded that the quality as well as comparability with existing Ontario data made Alberta data an excellent contributor to the national RIWs. The all-Canadian RIW information is believed to be more reflective of the non-profit environment in Canada (previously RIW included cost data from the United States).

Starting with RIW2002, data from British Columbia were also included in the development of RIWs. The set of data utilized to develop the RIWs changes cyclically as the contributors continue to send updated records from more recent years.

⁵ Canadian Institute for Health Information. *RIW™ and Expected Length of Stay Methodology* [cited 15 May 2003]. Available from: <http://secure.cihi.ca/cihiweb/DispPage.jsp?cw_page=casemix_riw_e>.

Comparing Data Utilized by CIHI in Developing RIWs



Ambulatory Cost Weights

CIHI also develops Ambulatory Cost Weights (ACW) for the ambulatory care data grouped by CACS. According to CIHI's web page⁶

"ACW are made to be relative to the average cost of a specific group of patients. This is known as a 'fixed' anchor point. The mean cost against which all others are compared is the mean cost for CACS cell 75, "Hemodialysis". The CACS cell for dialysis is chosen because it represents a very specific patient population and makes up a large proportion of the cost database (>100,000 records). This large sample size ensures a stable estimate of the true cost of performing the service."

"Uses

- translating CACS data into cost data
- determining costs for atypical cases
- identifying priorities by CACS group for utilization management
- planning new programs § evaluating program efficiency"

⁶ Canadian Institute for Health Information. *Ambulatory Cost Weights* [cited 8 July 2005]. Available from: <http://secure.cihi.ca/cihicweb/dispPage.jsp?cw_page=casemix_acw_e>.

At this point in time, only data from Alberta have been used to develop these weights. It is expected that data from both Alberta and Ontario will be used in the future.

Conclusion

In its eighth year, the Alberta Costing Partnership has once again produced Alberta costs for both inpatient and ambulatory care. The significance of this achievement can be demonstrated by the widening interest, which continues to be expressed by other health organizations and researchers. In particular, the contribution and acceptance of Alberta cost data in the development of national Resource Intensity Weights through CIHI attest to the quality of the work that has been done in the province. As well, Alberta continues to lead the rest of the country in comprehensively collecting and costing ambulatory care data.

The continued success of the Alberta Costing Partnership could not have occurred without the dedication and commitment of RHA and Alberta Health and Wellness staff. The cost results included in this report are the product of many hours of effort, an achievement of which all participants can be proud.

The health authority funding and financial accountability branch would like to thank all those individuals who have contributed to this work and look forward to continuing the partnership.

Health Costing in Alberta

2006 Annual Report

This section contains detailed inpatient information grouped into 25 categories, the Major Clinical Categories (MCC). MCCs are based on body systems or specific types of clinical problems. Each MCC is split into partitions:

- Surgical – a procedure used in CMG assignment was performed during the visit
- Medical – no procedures used in CMG assignment were performed during the visit
- Surgical/Medical – corresponding CMG code could be surgical or medical depending on the MCC

- ◆ The table displaying the gender distribution contains the standard male and female codes. There are also two other possible codes:

- O – other, for transsexuals or hermaphrodites
- U – undifferentiated, for stillbirths only

- ◆ The age groups are based on the age categories used by CIHI in CMG assignments. The age calculation is based on the visit date. For reference, the provincial breakdown, as of March 31, 2005, is as follows:

0 to 17 years old	774,422	(24%)
18 to 69 years old	2,195,000	(68%)
70 plus years old	240,269	(7%)
	<hr/>	
	3,209,691	

- ◆ Region of residence refers to the regional health authority the recipient resided in at the time of the inpatient or ambulatory care visit. Region of service refers to the regional health authority where the hospital is located at fiscal year end. Population by region can be found on the Alberta Health and Wellness website in News/Media/Resources Stats & Facts section.

- ◆ The table displaying the Top Five CMG Groups Based on Activity for Medical Partitions lists some of the common principal diagnosis codes. The principal diagnosis code is¹:

"the one diagnosis that describes the most significant condition of a patient that causes his/her stay in hospital". This may not always be the condition for which the patient is admitted."

- The diagnosis groupings are based on the first three digits of the principal diagnosis.
- At least 75 per cent of the records within the CMG will have one of the listed diagnosis codes as the principal diagnosis. The exception would be for CMGs with +++. For these groups, there are more than five diagnosis codes to represent 75 per cent of the records. Only the first five are listed.
- The activity and average costs are for the entire CMG; that is, based on all diagnosis codes not just those representing 75 per cent of the records.
- For CMG 997: Stillbirths, an average cost cannot be calculated, as there are no cost records submitted.
- Tables containing less than five CMGs include all CMGs belonging to the medical partition in that MCC.

¹ CMG™/Plx™ Directory 2003 ICD-10-CA/CCI Version (Nov 2003): Introduction -- CMG Methodology Overview, Canadian Institute for Health Information.

Health Costing in Alberta 2006 Annual Report

- ◆ The table displaying the Top Five CMG Groups Based on Activity for Surgical Partitions lists some of the most common principal intervention codes (coded as first intervention). The principal intervention code is²
 - “the intervention considered to be most significant during the patient’s hospital stay.”
 - The intervention groupings are based on the rubrics, first five digits of the principal intervention.
 - At least 75 per cent of the records within the CMG will have one of the listed rubrics as the principal intervention. The exception would be for CMGs with +++. For these groups, there are more than five intervention codes to represent 75 per cent of the records. Only the first five are listed.
 - The activity and average costs are for the entire CMG within a MCC; that is, based on all intervention codes not just those representing 75 per cent of the records.
 - Tables containing less than five CMGs include all CMGs belonging to the surgical partition in that MCC.

Due to resource constraints, minor data flaws have not been completely purged from the data.

² DAD Abstracting Manual 2003-2004 Edition All Provinces Information”, Canadian Institute for Health Information, p. 6.11-1.

Top Five CMGs Based on Activity for Surgical Partitions

- includes at least 75 per cent of procedures (coded as first intervention) within CMG

- 001: Craniotomy Procedures
Excision partial brain; Occlusion, intracranial vessels; Drainage, meninges and dura mater of brain; Drainage, ventricles of brain; Biopsy, brain; +++
004: Extracranial Vascular Procedures
Extraction, carotid artery; Dilation, carotid artery
040: Tracheostomy and Gastrostomy Procedures
Implantation of internal device, stomach; Bypass with exteriorization, trachea; Ventilation, respiratory system NEC;
Occlusion, intracranial vessels
003: Spinal Procedures
Excision total, ribs; Excision partial, spinal canal and meninges; Release, spinal cord; Repair, spinal vertebrae;
Drainage, spinal canal and meninges; +++
006: Carpal Tunnel Release and Specified Nervous System Procedures
Release, nerve(s) of forearm and wrist; Excision partial, brachial plexus; Repair by increasing size, tendons of ankle and foot; Release, muscles of hip and thigh; Excision total, thymus; +++
- Includes at least 75 per cent of principal diagnoses within CMG

	Activity	% of Partition	Average Cost
001: Craniotomy Procedures	1,168	51%	\$15,995
004: Extracranial Vascular Procedures	360	16%	\$7,140
040: Tracheostomy and Gastrostomy Procedures	210	9%	\$60,179
003: Spinal Procedures	154	7%	\$11,217
006: Carpal Tunnel Release and Specified Nervous System Procedures	116	5%	\$5,920

Age Groups	Surgical Partitions	Medical Partitions
0 to 17 years old	297	0 to 17 years old
18 to 69 years old	1,408	18 to 69 years old
70 plus years old	581	70 plus years old

Gender	Female	Male	Other
Female	5,841		
Male	5,948		
Other	1		

MCC 01: Diseases & Disorders of the Nervous System

Activity	(19%)
Surgical Partitions	2,286
Medical Partitions	9,504 (81%)
Total	11,790

- Top Five CMGs Based on Activity for Medical Partitions
- Includes at least 75 per cent of principal diagnoses within CMG

	Activity	% of Partition	Average Cost	Region of Service
013: Specific Cerebrovascular Disorders except Transient Ischemic Attacks	2,689	28%	\$8,795	Alberta Cancer Board
Cerebrovascular diseases (I60-I69)	2,678	28%	\$3,366	Mental Health Board
022: Seizure and Headache	1,196	13%	\$3,806	Chinook Regional Health Authority
Episodic and paroxysmal disorders (G40-G47); General symptoms and signs (R50-R69)	735	8%	\$7,544	Palisier Health Region
014: Transient Ischemic Attacks and Porecerebral Occlusions	442	5%	\$8,760	Calgary Health Region
Episodic and paroxysmal disorders (G40-G47)				David Thompson Regional Health Authority
028: Other Nervous System Diagnoses				East Central
Symptoms and signs involving the nervous and musculoskeletal systems (R25-R29); Other disorders of the nervous system (G40-G49); Symptoms and signs involving the skin and subcutaneous tissue (H20-H23); Behavioural and emotional disorders with onset usually occurring in childhood and adolescence (F90-F98); Extraartrial and movement disorders (G40-G46)				Capital Health
010: Neoplasm of Nervous System				Aspen Regional Health Authority
Malignant neoplasms of ill-defined, secondary and unspecified sites (C76-C80); Malignant neoplasms of eye, brain and other parts of central nervous system (C99-C72)				Peace Country Health
				Northern Lights Health Region

Top Five CMGs Based on Activity for Surgical Partitions

- includes at least 75 per cent of procedures (coded as first intervention) within CMG

	Activity	% of Partition	Average Cost
052: Retinal Procedures	1,316	60%	\$2,123
Excision total, vitreous; Destruction, retina; Release, retina	347	16%	\$2,320
Implantation of internal device; sclera; Excision total, vitreous; Destruction, retina; Repair, soft tissue of orbit and eyeball; NEC	283	13%	\$3,129
050: Orbital Procedures	113	5%	\$2,680
Excision total, lens; Excision total, vitreous; Release, retina	60	3%	\$1,688
055: Lens Insertion (MNRH)			
Transplant, cornea; Repair, cornea; Drainage, anterior chamber (of eye); Excision total, vitreous			
051: Other Intracocular Procedures			
Bypass, lacrimal excretory system; Transfer, ocular muscles and tendons			
057: Other Ophthalmic Procedures (MNRH)			

Age Groups	Surgical Partitions	Medical Partitions
0 to 17 years old	77	90
18 to 69 years old	1,385	140
70 plus years old	716	87

Gender	Surgical Partitions	Medical Partitions
Female	1,126	0 to 17 years old
Male	1,369	18 to 69 years old

MCC 02: Diseases & Disorders of the Eye

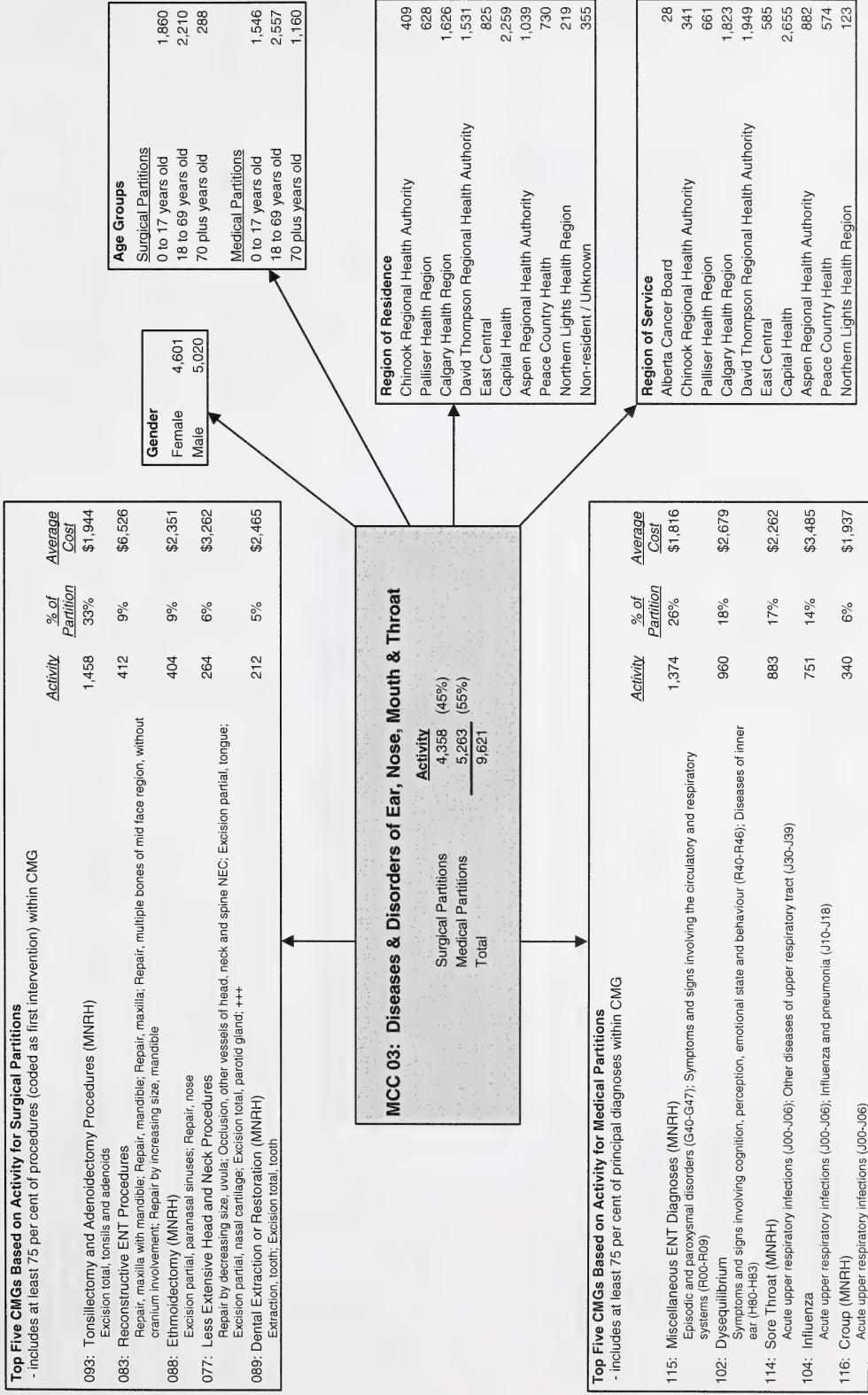
Activity	(87%)	(13%)
Surgical Partitions	2,178	
Medical Partitions	317	
Total	2,495	

Top Five CMGs Based on Activity for Medical Partitions

- includes at least 75 per cent of principal diagnoses within CMG

	Activity	% of Partition	Average Cost
063: Other Ophthalmic Diagnoses (MNRH)	186	59%	\$3,137
Injuries to the head (S00-S09); Disorders of choroid and retina (H30-H36); Disorders of ocular muscles, binocular movement, accommodation and refraction (H49-H52); Visual disturbances and blindness (H53-H54); Disorders of eyelid, lacrimal system and orbit (H60-H66) ***	101	32%	\$5,231
060: Major Eye Infections	16	5%	\$4,142
Disorders of eyelid, lacrimal system and orbit (H60-H66); Disorders of sclera, cornea, iris and ciliary body (H15-H22)	14	4%	\$2,581
483: Diabetes			
062: Hypertension			
Diabetes mellitus (E10-E14)			
Injuries to the head (S00-S09)			

Region of Residence	Surgical Partitions	Medical Partitions
Chinook Regional Health Authority	111	70
Palliser Health Region	70	616
Calgary Health Region	616	260
David Thompson Regional Health Authority	260	115
East Central	115	853
Capital Health	853	166
Aspen Regional Health Authority	166	113
Peace Country Health	113	39
Northern Lights Health Region	39	153
Non-resident / Unknown	153	9



Top Five CMGs Based on Activity for Surgical Partitions

- includes at least 75 per cent of procedures (coded as first intervention) within CMG
127: Major Respiratory Procedures Biopsy; Lung; Excision partial pleura; Drainage; pleura; Biopsy, bronchus; Inspection, lung
126: Resection of Lung Excision partial lobe of lung; Excision total lobe of lung; Excision partial; lung NEC
129: Other Respiratory Procedures Biopsy, mediastinal lymph nodes; Inspection, bronchus; Biopsy, lymph nodes of neck region
125: Tracheostomy Bypass with exteriorization; trachea; Ventilation, respiratory system NEC; Excision total, lobe of lung

901: Non-extensive Unrelated O.R. Procedures
Implantation of internal device, vena cava (superior and inferior); Ventilation, respiratory system NEC; Dilatation, coronary arteries; Drainage, gallbladder; Excision partial, prostate; ++++

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
	520	29%	\$13,521
	422	24%	\$11,776
	203	11%	\$4,408
	166	9%	\$124,874
	139	8%	\$29,199

Age Groups		
Surgical Partitions		
0 to 17 years old		142
18 to 69 years old		1,089
70 plus years old		564
Medical Partitions		
0 to 17 years old		5,339
18 to 69 years old		8,391
70 plus years old		9,739

Gender		
Female	11,812	
Male	13,452	

MCC 04: Diseases & Disorders of the Respiratory System

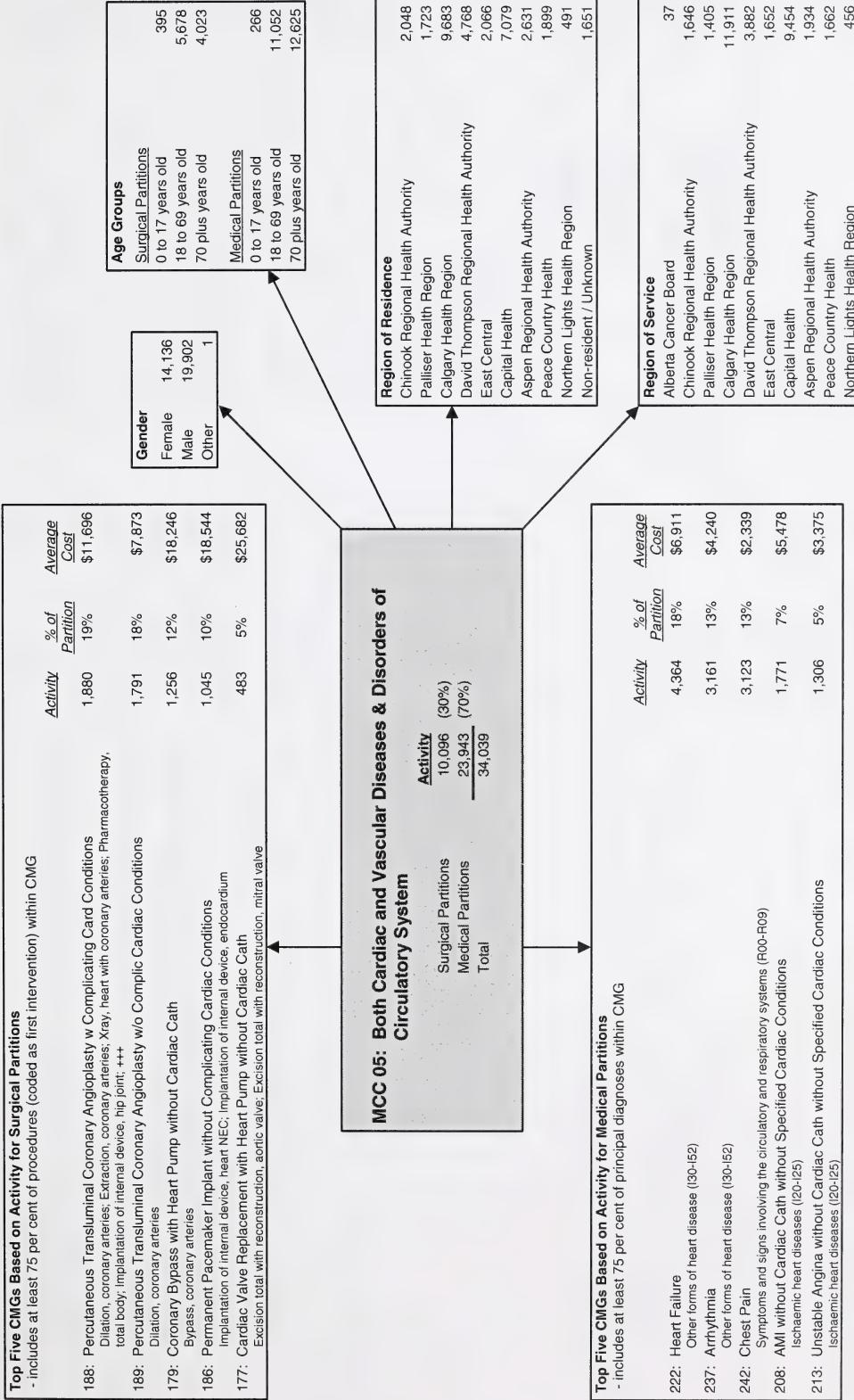
<u>Activity</u>		
Surgical Partitions	1,795 (7%)	
Medical Partitions	23,469 (93%)	
Total	25,264	

Top Five CMGs Based on Activity for Medical Partitions

- includes at least 75 per cent of principal diagnoses within CMG
143: Simple Pneumonia and Pleurisy Influenza and pneumonia (J10-J18)
142: Chronic Bronchitis Chronic lower respiratory diseases (J40-J47)
140: Chronic Obstructive Pulmonary Disease (COPD) Chronic lower respiratory diseases (J40-J47)
145: Tracheobronchitis Other acute lower respiratory infections (J20-J22)
146: Asthma Chronic lower respiratory diseases (J40-J47)

Region of Residence		
Chinook Regional Health Authority	1,565	
Palliser Health Region	1,077	
Calgary Regional Health Authority	6,259	
David Thompson Regional Health Authority	3,347	
East Central	1,365	
Capital Health	6,031	
Aspen Regional Health Authority	2,419	
Peace Country Health	1,786	
Northern Lights Health Region	747	
Non-resident / Unknown	668	

Region of Service		
Alberta Cancer Board	100	
Chinook Regional Health Authority	1,525	
Palliser Health Region	1,023	
Calgary Health Region	6,775	
David Thompson Regional Health Authority	3,144	
East Central	1,249	
Capital Health	6,924	
Aspen Regional Health Authority	2,084	
Peace Country Health	1,737	
Northern Lights Health Region	693	



Top Five CMGs Based on Activity for Surgical Partitions
- includes at least 75 per cent of procedures (coded as first intervention) within CMG

- 253: Major Intestinal and Rectal Procedures
Excision partial, large intestine; Excision partial, small intestine; Excision partial, rectum
- 262: Simple Appendectomy
Excision total, appendix
- 269: Bilateral or Complex Unilateral Hernia Procedures
Repair, muscles of the chest and abdomen
- 251: Gastrostomy and Colostomy Procedures
Excision total, rectum; Excision partial, rectum; Bypass with exteriorization, large intestine; Bypass with exteriorization, small intestine; Implantation of internal device, stomach; +++
- 258: Laparotomy
Release, small and large intestine; Excision total, appendix; Repair, muscles of the chest and abdomen;
Release, abdominal cavity; Inspection, abdominal cavity; +++; +++

	Activity	% of Partition	Average Cost
	2,520	19%	\$13,244
	2,335	18%	\$3,270
	1,869	14%	\$3,530
	1,154	9%	\$20,788
	971	7%	\$8,823

Gender	
Female	17,394
Male	16,709

Age Groups	
Surgical Partitions	
0 to 17 years old	1,464
18 to 69 years old	8,872
70 plus years old	2,867
Medical Partitions	
0 to 17 years old	2,670
18 to 69 years old	11,514
70 plus years old	6,716

MCC 06: Diseases & Disorders of the Digestive System

Activity	
Surgical Partitions	13,203 (39%)
Medical Partitions	20,900 (61%)
Total	34,103

Top Five CMGs Based on Activity for Medical Partitions
- includes at least 75 per cent of principal diagnoses within CMG

- 294: Esophagitis, Gastroenteritis and Miscellaneous Digestive Disease
Symptoms and signs involving the digestive system and abdomen (R10-R19); Noninfective enteritis and colitis (K50-K52); Other diseases of intestines (K55-K63); Intestinal infectious diseases (A00-A09)
- 281: G.I. Hemorrhage
Other diseases of the digestive system (K90-K93); Diseases of oesophagus, stomach and duodenum (K20-K31)
- 290: G.I. Obstruction
Other diseases of intestines (K55-K63)
- 297: Other G.I. Diagnoses
Other diseases of intestines (K55-K63); Other diseases of the digestive system (K90-K93); Diseases of appendix (K35-K38); Diseases of peritoneum (K65-K67); Effects of foreign body entering through natural orifice (T15-T19)
- 289: Inflammatory Bowel Disease
Noninfective enteritis and colitis (K50-K52)

Activity		Average Cost	Region of Service
	12,436	60%	\$3,103
	2,433	12%	\$4,170
	2,206	11%	\$3,276
	1,791	9%	\$3,693
	879	4%	\$3,892

Region of Residence	
Chinook Regional Health Authority	1,958
Palliser Health Region	1,563
Calgary Health Region	8,957
David Thompson Regional Health Authority	4,675
East Central	2,201
Capital Health	7,918
Aspen Regional Health Authority	2,774
Peace Country Health	2,146
Northern Lights Health Region	833
Non-resident / Unknown	1,078

Top Five CMGs Based on Activity for Surgical Partitions

- includes at least 75 per cent of procedures (coded as first intervention) within CMG

		<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
317: Laparoscopic Cholecystectomy	Excision total, gallbladder	3,288	71%	\$4,149
315: Cholecystectomy	Excision total, gallbladder	383	8%	\$9,673
314: Other Hepatobiliary and Pancreatic Procedures	Drainage, gallbladder; Excision, gallbladder; Drainage, bile ducts; Excision total, gallbladder; Destruction, liver	223	5%	\$11,552
312: Major Hepatobiliary Procedures	Excision total, gallbladder; Bypass, bile ducts	212	5%	\$17,183
311: Major Pancreatic Procedures	Excision partial, liver; Excision partial, pancreas with duodenum; Bypass, small intestine; Drainage, pancreas; Bypass, abdominal veins NEC; ++++ pancreas; Bypass, abdominal veins	200	4%	\$24,086

MCC 07: Diseases & Disorders of Hepatobiliary Sys/Pancreas

<u>Activity</u>	<u>4,644 (48%)</u>
Surgical Partitions	4,644 (48%)
Medical Partitions	5,075 (52%)
Total	9,719

Region of Residence

Chinook Regional Health Authority	474
Palliser Health Region	489
Calgary Health Region	2,393
David Thompson Regional Health Authority	1,213
East Central	548
Capital Health	2,649
Aspen Regional Health Authority	855
Peace Country Health	472
Northern Lights Health Region	248
Non-resident / Unknown	378

Top Five CMGs Based on Activity for Medical Partitions

- includes at least 75 per cent of principal diagnoses within CMG

		<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
325: Pancreas Diseases except Malignancy	Disorders of gallbladder, biliary tract and pancreas (K80-K87)	1,950	38%	\$3,696
329: Biliary Tract Diseases	Disorders of gallbladder, biliary tract and pancreas (K80-K87)	1,436	28%	\$3,751
326: Liver Diseases	Diseases of liver (K70-K77)	692	14%	\$8,598
324: Pancreatic Cancer or Other Malignancy of Hepatobiliary System	Malignant neoplasms of digestive organs (C15-C26); Malignant neoplasms of ill-defined, secondary and unspecified sites (C76-C80)	597	12%	\$7,854
323: Cirrhosis and Alcoholic Hepatitis	Diseases of liver (K70-K77)	400	8%	\$8,172

Region of Service

Alberta Cancer Board	43
Chinook Regional Health Authority	454
Palliser Health Region	492
Calgary Health Region	2,505
David Thompson Regional Health Authority	1,104
East Central	480
Capital Health	3,341
Aspen Regional Health Authority	594
Peace Country Health	487
Northern Lights Health Region	219

Top Five CMGs Based on Activity for Surgical Partitions

- includes at least 75 per cent of procedures (coded as first intervention) within CMG

	Activity	% of Partition	Average Cost
354: Knee Replacement	3,021	21%	\$9,028
352: Hip Replacement	2,433	17%	\$10,285
375: Minor Upper Extremity Procedures	1,516	11%	\$2,984
374: Minor Lower Extremity Procedures	1,338	9%	\$4,260
365: Back and Neck Procedures without Fusion	1,155	8%	\$5,182

Implantation of internal device, knee joint
Implantation of internal device, hip joint
Repair, rotator cuff; Repair, acromioclavicular and sternoclavicular joints; Repair, shoulder joint
Repair, cruciate ligaments of knee; Fusion, tarsal bones and intertarsal joints [hindfoot, midfoot]; Fusion, tarsometatarsal joints, metatarsal bones and metatarsophalangeal joints [forefoot]; Removal of device, femur; Repair, knee joint; +++
Excision partial, intervertebral disc; Repair, spinal vertebrae

MCC 08: Disease & Disorder of Musculoskeletal Sys & Conn Tissue

Activity	% of Partition	Average Cost
Surgical Partitions	14,106 (74%)	
Medical Partitions	5,060 (26%)	
Total	19,166	

Top Five CMGs Based on Activity for Medical Partitions

- includes at least 75 per cent of principal diagnoses within CMG

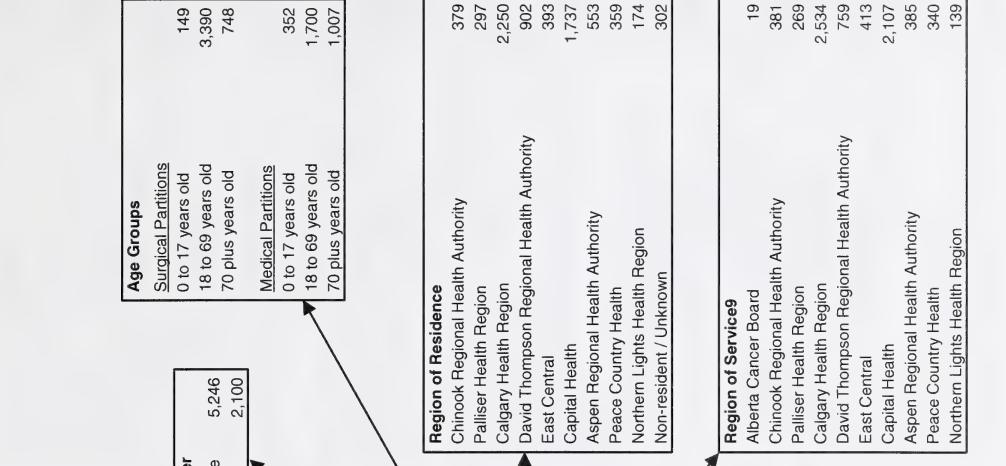
	Activity	% of Partition	Average Cost
409: Back Pain (MNRH)	1,000	20%	\$3,749
402: Disc Disease	851	17%	\$5,188
391: Secondary Neoplasms and Pathological Fractures	677	13%	\$10,467
398: Other Inflammatory Arthritis	614	12%	\$5284
411: Signs, Symptoms and Deformities (MNRH)	435	9%	\$4,252

Dorsopathies (M40-M54)
Dorsopathies (M40-M54)
Malignant neoplasms of ill-defined, secondary and unspecified sites (C76-C80); Osteopathies and chondropathies (M80-M94)
Arthropathies (M00-M25); Systemic connective tissue disorders (M30-M36)
Soft tissue disorders (M60-M79); Arthropathies (M00-M25)

Age Groups	Surgical Partitions	Medical Partitions
0 to 17 years old	866	9,516
18 to 69 years old	3,724	3,724
70 plus years old		

Region of Residence	Chinook Regional Health Authority	Palliser Health Region	Calgary Health Region	David Thompson Regional Health Authority	East Central	Capital Health	Aspen Regional Health Authority	Peace Country Health	Northern Lights Health Region	Non-resident/ Unknown
	1,159	798	5,627	2,310	992	5,006	1,310	953	249	762

Top Five CMGs Based on Activity for Surgical Partitions			
	Activity	% of Partition	Average Cost
425: Skin Graft and Wound Debridement for Dermatologic Dis except Ulcer or Cellulitis Repair by decreasing size, breast; Excision radical, breast; Repair, breast; Excision total with reconstruction, breast	1,330	31%	\$4,209
429: Total Mastectomy for Breast Malignancy	1,017	24%	\$4,203
432: Subtotal Mastectomy and Other Breast Procedures for Malignancy Excision partial, breast	801	19%	\$3,609
437: Other Dermatological Procedures without Malignancy or Skin Ulcer or Cellulitis Drainage, soft tissue of the chest and abdomen; Drainage, soft tissue of head and neck; Excision partial, skin of abdomen and trunk; Destruction, soft tissue of leg; Excision partial, soft tissue of head and neck; ++, destruction, skin of abdomen and trunk; Excision partial, skin of abdomen and trunk; Excision partial, lymph node(s), axillary; Excision total, lymph nodes; axillary; Destruction, soft tissue of the back; +++, destruction, skin of abdomen and trunk; Excision partial, skin of abdomen and trunk; Excision partial, lymph node(s), axillary; Excision total, lymph nodes; axillary; Destruction, soft tissue of the back; +++	255	6%	\$4,612
438: Other Dermatological Procedures for Malignancy or Skin Ulcer or Cellulitis Destruction, skin of abdomen and trunk; Excision partial, skin of abdomen and trunk; Excision partial, lymph node(s), axillary; Excision total, lymph nodes; axillary; Destruction, soft tissue of the back; +++, destruction, skin of abdomen and trunk; Excision partial, skin of abdomen and trunk; Excision partial, lymph node(s), axillary; Excision total, lymph nodes; axillary; Destruction, soft tissue of the back; +++	187	4%	\$10,691



Top Five CMGs Based on Activity for Surgical Partitions			
	Activity	% of Partition	Average Cost
425: Skin Graft and Wound Debridement for Dermatologic Dis except Ulcer or Cellulitis Repair by decreasing size, breast; Excision radical, breast; Repair, breast; Excision total with reconstruction, breast	1,330	31%	\$4,209
429: Total Mastectomy for Breast Malignancy	1,017	24%	\$4,203
432: Subtotal Mastectomy and Other Breast Procedures for Malignancy Excision partial, breast	801	19%	\$3,609
437: Other Dermatological Procedures without Malignancy or Skin Ulcer or Cellulitis Drainage, soft tissue of the chest and abdomen; Drainage, soft tissue of head and neck; Excision partial, skin of abdomen and trunk; Destruction, soft tissue of leg; Excision partial, soft tissue of head and neck; ++, destruction, skin of abdomen and trunk; Excision partial, skin of abdomen and trunk; Excision partial, lymph node(s), axillary; Excision total, lymph nodes; axillary; Destruction, soft tissue of the back; +++, destruction, skin of abdomen and trunk; Excision partial, skin of abdomen and trunk; Excision partial, lymph node(s), axillary; Excision total, lymph nodes; axillary; Destruction, soft tissue of the back; +++	255	6%	\$4,612
438: Other Dermatological Procedures for Malignancy or Skin Ulcer or Cellulitis Destruction, skin of abdomen and trunk; Excision partial, skin of abdomen and trunk; Excision partial, lymph node(s), axillary; Excision total, lymph nodes; axillary; Destruction, soft tissue of the back; +++, destruction, skin of abdomen and trunk; Excision partial, skin of abdomen and trunk; Excision partial, lymph node(s), axillary; Excision total, lymph nodes; axillary; Destruction, soft tissue of the back; +++	187	4%	\$10,691

Top Five CMGs Based on Activity for Surgical Partitions			
	Activity	% of Partition	Average Cost
425: Skin Graft and Wound Debridement for Dermatologic Dis except Ulcer or Cellulitis Repair by decreasing size, breast; Excision radical, breast; Repair, breast; Excision total with reconstruction, breast	1,330	31%	\$4,209
429: Total Mastectomy for Breast Malignancy	1,017	24%	\$4,203
432: Subtotal Mastectomy and Other Breast Procedures for Malignancy Excision partial, breast	801	19%	\$3,609
437: Other Dermatological Procedures without Malignancy or Skin Ulcer or Cellulitis Drainage, soft tissue of the chest and abdomen; Drainage, soft tissue of head and neck; Excision partial, skin of abdomen and trunk; Destruction, soft tissue of leg; Excision partial, soft tissue of head and neck; ++, destruction, skin of abdomen and trunk; Excision partial, skin of abdomen and trunk; Excision partial, lymph node(s), axillary; Excision total, lymph nodes; axillary; Destruction, soft tissue of the back; +++, destruction, skin of abdomen and trunk; Excision partial, skin of abdomen and trunk; Excision partial, lymph node(s), axillary; Excision total, lymph nodes; axillary; Destruction, soft tissue of the back; +++	255	6%	\$4,612
438: Other Dermatological Procedures for Malignancy or Skin Ulcer or Cellulitis Destruction, skin of abdomen and trunk; Excision partial, skin of abdomen and trunk; Excision partial, lymph node(s), axillary; Excision total, lymph nodes; axillary; Destruction, soft tissue of the back; +++, destruction, skin of abdomen and trunk; Excision partial, skin of abdomen and trunk; Excision partial, lymph node(s), axillary; Excision total, lymph nodes; axillary; Destruction, soft tissue of the back; +++	187	4%	\$10,691

Top Five CMGs Based on Activity for Medical Partitions			
	Activity	% of Partition	Average Cost
447: Cellulitis Infections of the skin and subcutaneous tissue (L00-L08)	1,919	63%	\$4,608
454: Minor Skin Disorders Dermatitis and eczema (L20-L30); Symptoms and signs involving the skin and subcutaneous tissue (R20-R23); Urticaria and erythema (L50-L54); Other disorders of the skin and subcutaneous tissue (L80-L99)	397	13%	\$3,717
452: Trauma of Skin, Subcutaneous Tissue and Breast Injuries to the head (S00-S09); Injuries to the abdomen, lower back, lumbar spine and pelvis (S30-S39); Injuries involving multiple body regions (T00-T07); Injuries to the knee and lower leg (S80-S89); +++, other disorders of the skin and subcutaneous tissue (L80-L99)	300	10%	\$3,362
439: Skin Ulcer Other disorders of the skin and subcutaneous tissue (L80-L99); Urticaria and erythema (L50-L54); Viral infections characterized by skin and mucous membrane lesions (B00-B09); Melanoma and other malignant neoplasms of skin (C43-C44)	168	5%	\$15,082
440: Major Skin Disorders Urticaria and erythema (L50-L54); Viral infections characterized by skin and mucous membrane lesions (B00-B09); Melanoma and other malignant neoplasms of skin (C43-C44)	146	5%	\$4,844

Top Five CMGs Based on Activity for Surgical Partitions

- includes at least 75 per cent of procedures (coded as first intervention) within CMG

	Activity	% of Partition	Average Cost
479: Thyroid Procedures	925	43%	\$4,350
Excision total, thyroid gland; Excision partial, thyroid gland	428	20%	\$6,897
478: Obesity Procedures	191	9%	\$4,829
Repair by decreasing size, skin of abdomen and trunk	137	6%	\$13,584
477: Parathyroid Procedures	112	5%	\$26,589
Excision partial, parathyroid gland			
251: Gastrostomy and Colostomy Procedures			
Repair by decreasing size, stomach; implantation of internal device, stomach			
482: Other Endocrine, Nutrition and Metabolic Procedures			
Transplant, pancreas; bypass, arteries of leg NEC; implantation of internal device, vena cava (superior and inferior); Excision partial, pancreas; Excision partial, tarsometatarsal joints; metatarsal bones and metatarsophalangeal joints [forefoot]; +++			

MCC 10: Endocrine Nutritional & Metabolic Disease & Disorders

Activity	2,134 (28%)	5,457 (72%)	7,591
Surgical Partitions			
Medical Partitions			
Total			

Top Five CMGs Based on Activity for Medical Partitions

- includes at least 75 per cent of principal diagnoses within CMG

	Activity	% of Partition	Average Cost
483: Diabetes	2,693	49%	\$4,139
Diabetes mellitus (E10-E14)			
485: Nutritional and Miscellaneous Metabolic Disorders	2,289	42%	\$4,762
Metabolic disorders (E70-E90)			
489: Endocrine Disorders	338	6%	\$4,610
Malignant neoplasms of thyroid and other endocrine glands (C73-C79); Disorders of other endocrine glands (E20-E35); Disorders of thyroid gland (E00-E07)			
487: Cystic Fibrosis	96	2%	\$14,513
Metabolic disorders (E70-E90)			
488: Inborn Errors of Metabolism	61	1%	\$16,513
Metabolic disorders (E70-E90)			

Region of Residence

Chinook Regional Health Authority	533
Palliser Health Region	377
Calgary Health Region	1,889
David Thompson Regional Health Authority	837
East Central	502
Capital Health	1,767
Aspen Regional Health Authority	688
Peace Country Health	484
Northern Lights Health Region	223
Non-resident / Unknown	291

Region of Service

Alberta Cancer Board	109
Mental Health Board	1
Chinook Regional Health Authority	563
Palliser Health Region	491
Calgary Health Region	1,983
David Thompson Regional Health Authority	711
East Central	443
Capital Health	2,089
Aspen Regional Health Authority	534
Peace Country Health	466
Northern Lights Health Region	191

Top Five CMGs Based on Activity for Surgical Partitions

- includes at least 75 per cent of procedures (coded as first intervention) within CMG

	Activity	% of Partition	Average Cost
512: Other Transurethral or Biopsy Procedures (MNRH) Excision partial, bladder NEC; Extraction, ureter NEC; Destruction, ureter NEC	1,881	31%	\$2,130
510: Transurethral Prostatectomy Excision partial, prostate	1,495	25%	\$3,362
504: Major Urinary Tract Procedures Excision radical, kidney; Destruction, renal pelvis; Excision total, kidney; Procurement, kidney; Excision partial, kidney; +++	750	12%	\$8,479
502: Radical Prostatectomy Excision radical, prostate	672	11%	\$7,501
508: Minor Upper Urinary Tract Procedures Extraction, renal pelvis; Repair, renal pelvis; Drainage, renal pelvis	276	5%	\$7,052

Top Five CMGs Based on Activity for Medical Partitions

- includes at least 75 per cent of principal diagnoses within CMG

	Activity	% of Partition	Average Cost	Region of Service
529: Lower Urinary Tract Infection Other diseases of urinary system (N30-N39)	2,071	26%	\$5,024	Alberta Cancer Board
536: Urinary Obstruction (MNRH) Urolithiasis (N20-N23)	2,064	26%	\$2,058	Chinook Regional Health Authority
521: Renal Failure without Dialysis Renal failure (N17-N19); Diabetes mellitus (E10-E14)	1,258	16%	\$7,089	Palliser Health Region
527: Upper Urinary Tract Infection Renal tubulo-interstitial diseases (N70-N16)	1,037	13%	\$3,835	Calgary Health Region
522: Urinary Neoplasm Malignant neoplasms of urinary tract (C64-C68); Malignant neoplasms of male genital organs (C69-C83)	396	5%	\$8,284	David Thompson Regional Health Authority
				East Central
				Capital Health
				Aspen Regional Health Authority
				Peace Country Health
				Northern Lights Health Region
				Non-resident / Unknown

MCC 11: Diseases & Disorders of Kidney & Urinary Tract

	Activity	% of Partition	Average Cost	Region of Residence
Surgical Partitions	6,044	(43%)	800	Chinook Regional Health Authority
Medical Partitions	7,957	(57%)	721	Palliser Health Region
Surgical/Medical Partitions	11	(0%)	4,731	Calgary Health Region
Total	14,012		1,714	David Thompson Regional Health Authority
			736	East Central
			2,972	Capital Health
			932	Aspen Regional Health Authority
			652	Peace Country Health
			239	Northern Lights Health Region
			515	Non-resident / Unknown

Top Five CMGs Based on Activity for Medical Partitions

- includes at least 75 per cent of principal diagnoses within CMG

	Activity	% of Partition	Average Cost	Region of Service
529: Lower Urinary Tract Infection Other diseases of urinary system (N30-N39)	2,071	26%	\$5,024	Alberta Cancer Board
536: Urinary Obstruction (MNRH) Urolithiasis (N20-N23)	2,064	26%	\$2,058	Chinook Regional Health Authority
521: Renal Failure without Dialysis Renal failure (N17-N19); Diabetes mellitus (E10-E14)	1,258	16%	\$7,089	Palliser Health Region
527: Upper Urinary Tract Infection Renal tubulo-interstitial diseases (N70-N16)	1,037	13%	\$3,835	Calgary Health Region
522: Urinary Neoplasm Malignant neoplasms of urinary tract (C64-C68); Malignant neoplasms of male genital organs (C69-C83)	396	5%	\$8,284	David Thompson Regional Health Authority
				East Central
				Capital Health
				Aspen Regional Health Authority
				Northern Lights Health Region

Top Five CMGs Based on Activity for Surgical Partitions

- includes at least 75 per cent of procedures (coded as first intervention) within CMG

554: Miscellaneous Male Reproductive System Procedures (MNRH) Fixation, testis; Excision partial tunica vaginalis; Excision partial epididymis; Occlusion, spermatic cord	179	36%	Average Cost \$2,138
552: Testes Procedures Excision total, testis; Excision radical testis; Excision partial testis	158	31%	\$2,849
551: Penis Procedures Repair, penis NEC	99	20%	\$3,430
555: Circumcision (MNRH) Excision total, prepuce	48	10%	\$1,780
901: Non-extensive Unrelated O.R. Procedures Drainage, pelvis; Repair, skin of abdomen and trunk; Drainage, bladder NEC; Destruction, skin of abdomen and trunk; Drainage, penis NEC	6	1%	\$3,107

Activity	% of Partition	Average Cost
Surgical Partitions	502 (77%)	
Medical Partitions	146 (23%)	
Total	648	

MCC 12: Diseases & Disorders of Male Reproductive System

Activity	% of Partition	Average Cost
Surgical Partitions		
Medical Partitions		
Total		

Age Groups	Surgical Partitions	Medical Partitions
0 to 17 years old	198	0 to 17 years old
18 to 69 years old	271	18 to 69 years old
70 plus years old	33	70 plus years old

- includes at least 75 per cent of principal diagnoses within CMG

Region of Residence	Chinook Regional Health Authority	Palliser Health Region	Calgary Health Region	David Thompson Regional Health Authority	East Central	Capital Health	Aspen Regional Health Authority	Peace Country Health	Northern Lights Health Region	Non-resident / Unknown
17	59	209	116	21	110	33	29	13	41	
Chinook Regional Health Authority	Palliser Health Region	Calgary Health Region	David Thompson Regional Health Authority	East Central	Capital Health	Aspen Regional Health Authority	Peace Country Health	Northern Lights Health Region	Non-resident / Unknown	

Activity	% of Partition	Average Cost
Surgical Partitions		
Medical Partitions		
Total		

Region of Service	Alberta Cancer Board	Chinook Regional Health Authority	Palliser Health Region	Calgary Health Region	David Thompson Regional Health Authority	East Central	Capital Health	Aspen Regional Health Authority	Peace Country Health	Northern Lights Health Region
1	13	65	233	96	9	176	18	25	12	
Alberta Cancer Board	Chinook Regional Health Authority	Palliser Health Region	Calgary Health Region	David Thompson Regional Health Authority	East Central	Capital Health	Aspen Regional Health Authority	Peace Country Health	Northern Lights Health Region	

Top Five CMGs Based on Activity for Surgical Partitions

- includes at least 75 per cent of procedures (coded as first intervention) within CMG

- 579: Major Uterine and Adnexal Procedures without Malignancy
Excision total, uterus and surrounding structures; Excision partial, uterus and surrounding structures
- 581: Reconstructive Gynecological Procedures
Fixation, bladder neck; Repair, vagina NEC
- 587: Miscellaneous Gynecological Procedures (MNRH)
Excision partial, uterus and surrounding structures; Drainage, vulva NEC
- 578: Major Gynecological Procedures for Malignancy except Ovarian or Adnexal
Excision total, uterus and surrounding structures
- 584: Vagina, Carvix and Vulva Procedures
Repair, vagina NEC; Excision partial, vulva NEC; Excision partial, cervix NEC

	Activity	% of Partition	Average Cost
	6,016	67%	\$4,327
	1,262	14%	\$3,678
	411	5%	\$1,370
	388	4%	\$6,205
	287	3%	\$3,169

Age Groups	
Surgical Partitions	
0 to 17 years old	66
18 to 69 years old	8,229
70 plus years old	734
Medical Partitions	
0 to 17 years old	66
18 to 69 years old	710
70 plus years old	94

Gender	
Female	9,899

MCC 13: Diseases & Disorders of Female Reproductive System

Activity	% (%)
Surgical Partitions	9,029 (91%)
Medical Partitions	870 (9%)
Total	9,899

Region of Residence	
Chinook Regional Health Authority	644
Palliser Health Region	321
Calgary Health Region	3,077
David Thompson Regional Health Authority	1,008
East Central	478
Capital Health	2,853
Aspen Regional Health Authority	631
Peace Country Health	380
Northern Lights Health Region	309
Non-resident / Unknown	198

Top Five CMGs Based on Activity for Medical Partitions

- includes at least 75 per cent of principal diagnoses within CMG

- 596: Miscellaneous Gynecological Diagnoses (MNRH)
Noninflammatory disorders of female genital tract (N80-N88)
- 594: Female Reproductive System Infection
Inflammatory diseases of female pelvic organs (N70-N77)
- 592: Malignancy of Female Reproductive Organ
Malignant neoplasms of female genital organs (C51-C58)
- 595: Other Female Reproductive System Diagnoses and Injuries
Noninflammatory disorders of female genital tract (N80-N88)

	Activity	% of Partition	Average Cost
	515	59%	\$1,937
	181	21%	\$2,443
	159	18%	\$6,315
	15	2%	\$2,084

Region of Service	
Alberta Cancer Board	39
Chinook Regional Health Authority	688
Palliser Health Region	263
Calgary Health Region	3,280
David Thompson Regional Health Authority	692
East Central	369
Capital Health	3,701
Aspen Regional Health Authority	231
Peace Country Health	387
Northern Lights Health Region	249

Top Five CMGs Based on Activity for Surgical Partitions

- includes at least 75 per cent of procedures (coded as first intervention) within CMG

604: Caesarean Delivery	Cesarean section delivery
602: Cesarean Delivery with Complicating Diagnosis	Cesarean section delivery
603: Repeat Caesarean Delivery	Cesarean section delivery
601: Repeat Caesarean Delivery with Complicating Diagnosis	Cesarean section delivery
600: Major Procedures in Pregnancy or Childbirth	Cesarean section delivery

Age Groups	Surgical Partitions	Average Cost
0 to 17 years old	\$3,763	89
18 to 69 years old	\$4,654	10,177
70 plus years old	\$3,033	
Medical Partitions		
0 to 17 years old		782
18 to 69 years old		38,522
70 plus years old		

Surgical/Medical Partition	Average Cost
0 to 17 years old	\$5,813
18 to 69 years old	
70 plus years old	

Gender	Average Cost
Female	\$49,706

Region of Residence	Average Cost
Chinook Regional Health Authority	\$2,351
Palliser Health Region	1,635
Calgary Health Region	16,987
David Thompson Regional Health Authority	4,823
East Central	1,642
Capital Health	14,020
Aspen Regional Health Authority	3,276
Peace Country Health	2,515
Northern Lights Health Region	1,753
Non-resident / Unknown	704

MCC 14: Pregnancy & Childbirth

Activity	Activity	% of Partition	Average Cost
Surgical Partitions	10,266 (21%)		
Medical Partitions	39,304 (79%)		
Surgical/Medical Partitions	<u>136 (0%)</u>		
Total	<u>49,706</u>		

Region of Service	Average Cost
Chinook Regional Health Authority	\$2,448
Palliser Health Region	1,624
Calgary Health Region	17,250
David Thompson Regional Health Authority	4,360
East Central	1,279
Capital Health	16,362
Aspen Regional Health Authority	2,280
Peace Country Health	2,413
Northern Lights Health Region	1,690

Top Five CMGs Based on Activity for Medical Partitions

- includes at least 75 per cent of principal diagnoses within CMG

611: Vaginal Delivery	Complications of labour and delivery (O60-O75)
609: Vaginal Delivery with Complicating Diagnosis	Complications of labour and delivery (O60-O75); Maternal care related to the fetus and amniotic cavity and possible delivery problems (O30-O48)
624: Antepartum Diagnosis	Maternal care related to the fetus and amniotic cavity and possible delivery problems (O30-O48); Other obstetric conditions, not elsewhere classified (O95-O99); Other maternal disorders predominantly related to pregnancy, childbirth and the puerperium (O10-O16)
617: Abortive Outcome with D and C	Pregnancy with abortive outcome (O00-O08)
623: Antepartum Diagnosis with Complicating Diagnosis	Other maternal disorders predominantly related to pregnancy, childbirth and the puerperium (O10-O16); Maternal care related to the fetus and amniotic cavity and possible delivery problems (O30-O48); Oedema, proteinuria and hypertension disorders in pregnancy, childbirth and the puerperium (O10-O16)

MCC 15: Newborns & Neonates w Cond Orig in Perinatal Per.

Activity	% of Partition	Average Cost
Surgical Partitions	0 (0%)	\$763
Medical Partitions	44,604 (100%)	
Total	44,604	

Region of Residence

Surgical Partitions	2,155
0 to 17 years old	1,373
18 to 69 years old	15,903
70 plus years old	4,066
Medical Partitions	44,604
0 to 17 years old	1,390
18 to 69 years old	12,699
70 plus years old	2,782

Top Five CMGs Based on Activity for Medical Partitions

- includes at least 75 per cent of principal diagnoses within CMG

Activity	% of Partition	Average Cost
648: Neonates Weight > 2500 gm (Normal Newborn)	26,742	60%
646: Persons encountering health services in circumstances related to reproduction (Z30-Z39)	8,443	19%
647: Neonates Weight > 2500 gm with Minor Problem Diagnosis	3,013	7%
645: Neonates Weight > 2500 gm with Moderate Problem Diagnosis	1,952	4%
639: Neonates Weight 2000-2499 gm with Minor Problem Diagnosis	1,264	3%

Surgical Partitions	2,155
0 to 17 years old	1,373
18 to 69 years old	15,903
70 plus years old	4,066

Region of Service

Chinook Regional Health Authority	2,227
Palliser Health Region	1,347
Calgary Health Region	16,175
David Thompson Regional Health Authority	3,587
East Central	1,027
Capital Health	14,977
Aspen Regional Health Authority	1,842
Peace Country Health	2,041
Northern Lights Health Region	1,371

Top Five CMGs Based on Activity for Surgical Partitions

- includes at least 75 per cent of procedures (coded as first intervention) within CMG

	Activity	% of Partition	Average Cost
703: Other O.R. Procedures of Blood and Blood-forming Organs	119	38%	\$8,216
Implantation of internal device; vena cava (superior and inferior); Biopsy, mediastinal lymph nodes; Biopsy, lymph nodes of neck; Biopsy, axillary lymph nodes; Excision partial, lymph node(s), neck region NEC (cervical). +++			
701: Splenectomy	78	25%	\$9,841
Excision total, spleen	47	15%	\$79,236
700: Bone Marrow Transplant	30	10%	\$20,668
Transfusion; circulatory system NEC			
901: Non-extensive Unrelated O.R. Procedures			
Drainage, skin of neck; Biopsy, lung; Removal of device, vena cava (superior and inferior); Dilatation, coronary arteries; Biopsy, bone marrow. +++			
900: Extensive Unrelated O.R. Procedures	21	7%	\$31,755
Implantation of internal device, abdominal cavity; Occlusion, vena cava (superior and inferior); Implantation of internal device, heart NEC; Excision partial, pancreas; Excision radical, stomach. +++			

MCC 16: Disease & Disorder of Blood, Blood-forming Org & Immuno

	Activity	% of Partition	Average Cost
Surgical Partitions	312	(11%)	
Medical Partitions	2,437	(89%)	
Total	2,749		

Top Five CMGs Based on Activity for Medicinal Partitions

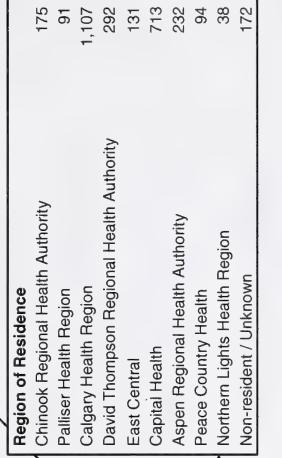
- includes at least 75 per cent of principal diagnoses within CMG

	Activity	% of Partition	Average Cost
704: Red Blood Cell Disorders	1,345	55%	\$4,791
Aplastic and other anaemias (D60-D64); Nutritional anaemias (D50-D53)			
710: Reticuloendothelial and Immunity Disorders	735	30%	\$6,305
Other diseases of blood and blood-forming organs (D70-D77)			
709: Coagulation Disorders	357	15%	\$4,019
Coagulation defects, purpura and other haemorrhagic conditions (D65-D69)			

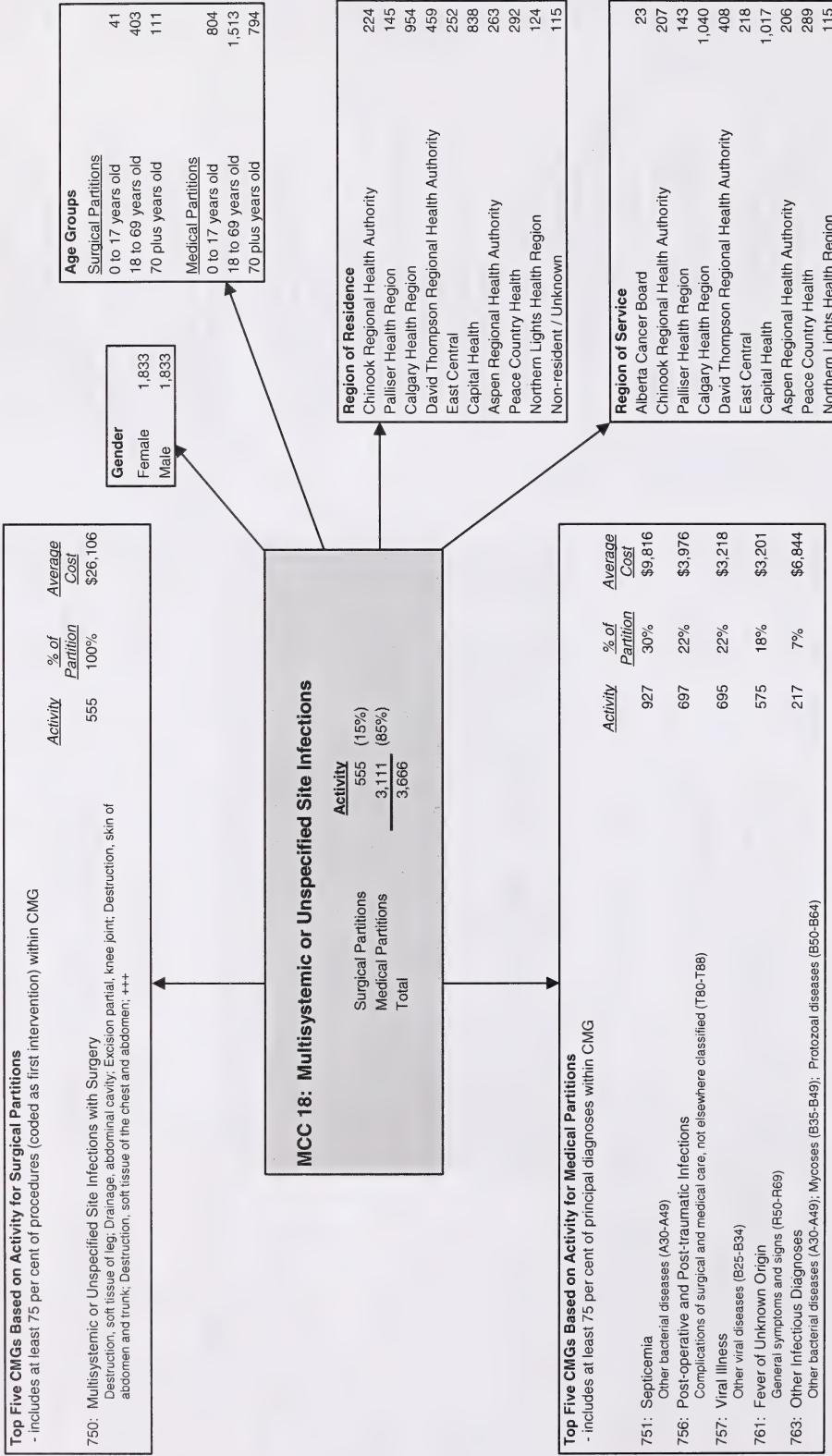
	Region of Residence	Chinook Regional Health Authority	122
	Palliser Health Region	108	
	Calgary Health Region	708	
	David Thompson Regional Health Authority	274	
	East Central	182	
	Capital Health	816	
	Aspen Regional Health Authority	240	
	Peace Country Health	189	
	Northern Lights Health Region	40	
	Non-resident/Unknown	70	

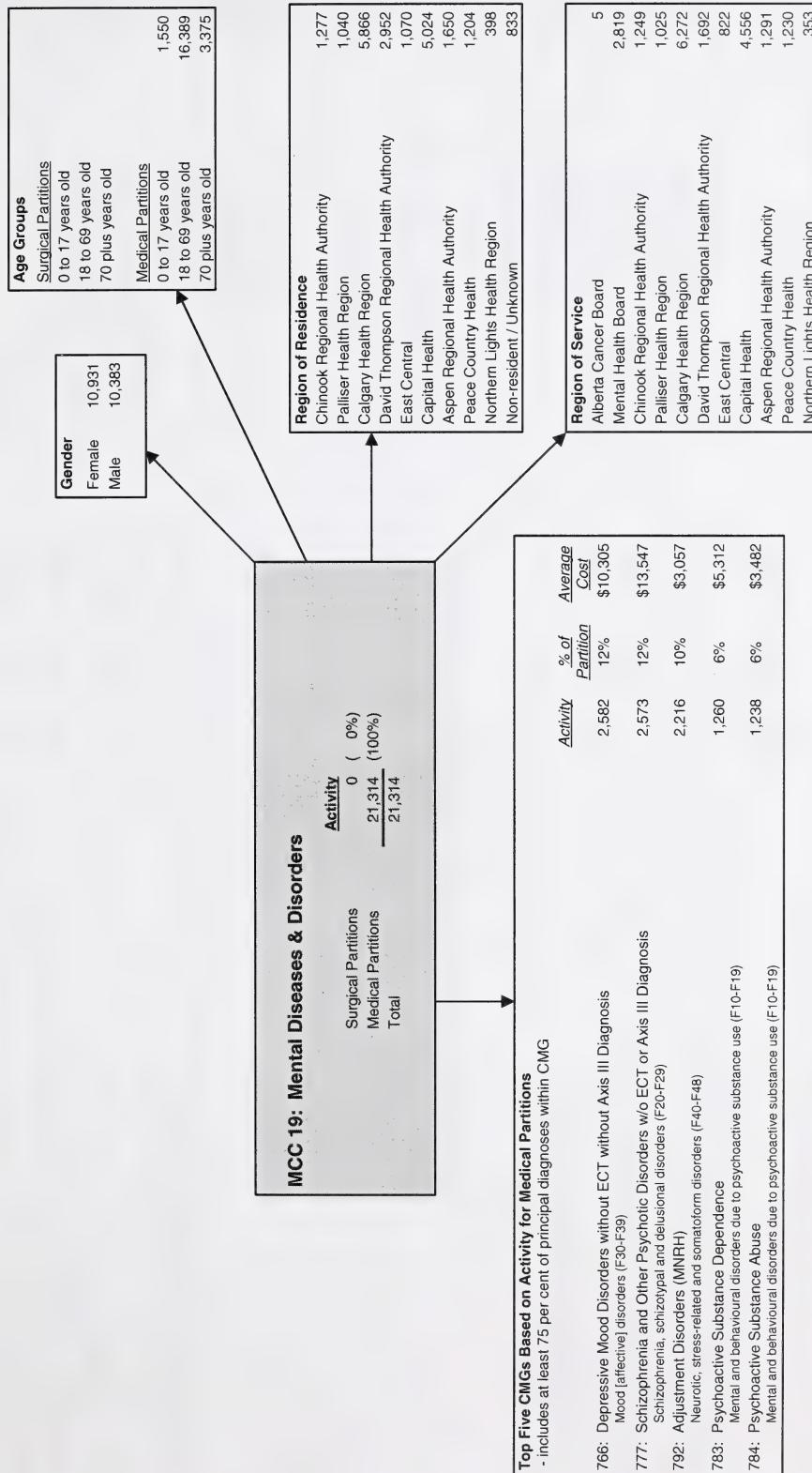
	Region of Service	Alberta Cancer Board	283
	Chinook Regional Health Authority	111	
	Palliser Health Region	94	
	Calgary Health Region	778	
	David Thompson Regional Health Authority	222	
	East Central	143	
	Capital Health	752	
	Aspen Regional Health Authority	176	
	Peace Country Health	158	
	Northern Lights Health Region	32	

Top Five CMGs Based on Activity for Surgical Partitions			
- includes at least 75 per cent of procedures (coded as first intervention) within CMG			
728: Lymphoma and Chronic Leukemia with Other Procedures Biopsy, lymph nodes of neck region; Excision partial, lymph node(s), axillary; Biopsy, inguinal lymph nodes; Implantation of internal device, vena cava (superior and inferior); Biopsy, intraabdominal lymph nodes; +++	Activity 277	% of Partition 38%	Average Cost \$14,073
725: Major Leukemia and Lymphoma Procedures Excision total, lymph node(s), axillary; Excision total, lymph node(s), neck region NEC (cervical); Excision radical, lymph node(s), neck region NEC (cervical); Excision partial, lymph node(s), neck region NEC (cervical); Excision total, spleen; +++	Activity 182	% of Partition 25%	Average Cost \$12,108
700: Bone Marrow Transplant Transfusion, circulatory system NEC Excision partial, abdominal cavity; Excision partial, soft tissue of the chest and abdomen; Excision radical, abdominal cavity; Excision total, thymus; Excision partial, large intestine; +++	Activity 127	% of Partition 17%	Average Cost \$56,991
733: Major Ill-defined Neoplasm Procedures Excision partial, abdominal cavity; Excision total, head and neck; Excision partial, soft tissue of head and neck; Excision total, uterus and surrounding structures; Excision partial, soft tissue of leg; Biopsy, abdominal cavity; +++	Activity 74	% of Partition 10%	Average Cost \$16,070
734: Ill-defined Neoplasm with Other Procedures Implantation of internal device, vena cava (superior and inferior); Excision partial, soft tissue of head and neck; Excision total, uterus and surrounding structures; Excision partial, soft tissue of leg; Biopsy, abdominal cavity; +++	Activity 66	% of Partition 9%	Average Cost \$9,631



Top Five CMGs Based on Activity for Medical Partitions			
- includes at least 75 per cent of principal diagnoses within CMG			
736: Chemotherapy Persons encountering health services for specific procedures and health care (Z40-Z54)	Activity 953	% of Partition 45%	Average Cost \$4,867
730: Lymphoma and Chronic Leukemia Malignant neoplasms of lymphoid, haematopoietic and related tissue (C81-C96)	Activity 788	% of Partition 37%	Average Cost \$9,982
735: Radiation Therapy Persons encountering health services for specific procedures and health care (Z40-Z54)	Activity 199	% of Partition 9%	Average Cost \$4,192
737: Other Poorly Differentiated Neoplastic Diagnoses Malignant neoplasms of ill-defined, secondary and unspecified sites (C76-C80)	Activity 175	% of Partition 8%	Average Cost \$9,031





Top Five CMGs Based on Activity for Surgical Partitions

- includes at least 75 per cent of procedures (coded as first intervention) within CMG

804: Non-extensive Procedures for Injury or Complication of Treatment	Control of bleeding, tonsils and adenoids; Excision total, vitreous; Repair, rotator cuff; Implantation of internal device, vena cava (superior and inferior); Transplant, cornea; +++	998	52%	\$5,761
803: Extensive Procedures for Injury or Complication of Treatment	Bypass arteries of leg NEC; Excision partial, large intestine; Bypass, ventricle; Removal of device, hip joint; Excision partial, femur; +++	359	19%	\$17,614
805: MNFH Procedures for Injury or Complication of Treatment	Removal of device, tibia and fibula; Removal of device, ankle joint; Drainage, soft tissue of the chest and abdomen; Destruction, soft tissue of the chest and abdomen; Excision partial, knee joint; +++	229	12%	\$4,253
354: Knee Replacement	Implantation of internal device, knee joint	105	6%	\$11,113
352: Hip Replacement	Implantation of internal device, hip joint	69	4%	\$13,239

Activity	% of Partition	Average Cost
Surgical Partitions	52%	\$5,761
Medical Partitions	48%	\$3,926
Total	100%	705

MCC 21: Injury, Poisoning & Toxic Effects of Drugs

Activity	% of Partition	Average Cost
Surgical Partitions	31%	\$3,111
Medical Partitions	69%	\$3,677
Total	100%	3,677

Top Five CMGs Based on Activity for Medical Partitions

- includes at least 75 per cent of principal diagnoses within CMG

813: Drug Reactions	Poisoning by drugs, medicaments and biological substances (T36-T50)	1,972	46%	\$3,111
818: Complications of Treatment	Complications of surgical and medical care, not elsewhere classified (T80-T88)	1,672	39%	\$3,677
823: Minor Injuries and Trauma Diagnosis	Other and unspecified effects of external causes (T66-T78); Persons encountering health services for examination and investigation (Z00-Z13); Injuries to the abdomen, lower back, lumbar spine and pelvis (S30-S39); Injuries to the knee and outer leg (S80-S89)	467	11%	\$3,498
811: Allergic Reaction	Other and unspecified effects of external causes (T66-T78)	168	4%	\$2,033

Age Groups	Surgical Partitions	Medical Partitions
0 to 17 years old	155	551
18 to 69 years old	1,197	548
70 plus years old	551	3,026
Total	1,557	2,705

Top Five CMGs Based on Activity for Surgical Partitions

- includes at least 75 per cent of procedures (coded as first intervention) within CMG

Region of Residence	Chinook Regional Health Authority	Calgary Health Region	David Thompson Regional Health Authority	East Central	Capital Health	Aspen Regional Health Authority	Peace Country Health	Northern Lights Health Region	Non-resident / Unknown
Chinook Regional Health Authority	346	209	791	268	1,572	589	410	164	276
Palliser Health Region									
Calgary Health Region									
David Thompson Regional Health Authority									
East Central									
Capital Health									
Aspen Regional Health Authority									
Peace Country Health									
Northern Lights Health Region									
Non-resident / Unknown									

Top Five CMGs Based on Activity for Surgical Partitions

- includes at least 75 per cent of procedures (coded as first intervention) within CMG

	Activity	% of Partition	Average Cost
832: Non-extensive Burns with Skin Graft	Repair, skin of hand; Repair, skin of arm; Repair, skin of abdomen and trunk	109 70%	\$18,077
830: Extensive Burns with Skin Graft Debridement or Other Burn Procedures	Repair, skin of abdomen and trunk; Repair, skin of leg; Repair, skin of arm; Repair, skin NFC	35 23%	\$77,127
901: Non-extensive Unrelated O.R. Procedures	Destruction, skin of foot; Destruction, skin of hand; Destruction, skin of abdomen and trunk	6 4%	\$25,471
833: Non-extensive Burns with Wound Debridement or Other Burn Procedures	Destruction, skin of leg; Amputation; phalanx of hand	3 2%	\$7,315
906: Unrelated O.R. Procedures (MNPH)	Excision partial, soft tissue of arm; Excision partial, soft tissue of leg	2 1%	\$4,981

	Activity	% of Partition	Average Cost
Surgical Partitions			
Medical Partitions			
Total			

	Age Groups	Average Cost
	Surgical Partitions	
	0 to 17 years old	32
	18 to 69 years old	109
	70 plus years old	14
	Medical Partitions	
	0 to 17 years old	57
	18 to 69 years old	134
	70 plus years old	14

	Activity	% of Partition	Average Cost
Surgical Partitions			
Medical Partitions			
Total			

MCC 22: Burns

	Activity	% of Partition	Average Cost
Surgical Partitions			
Medical Partitions			
Total			

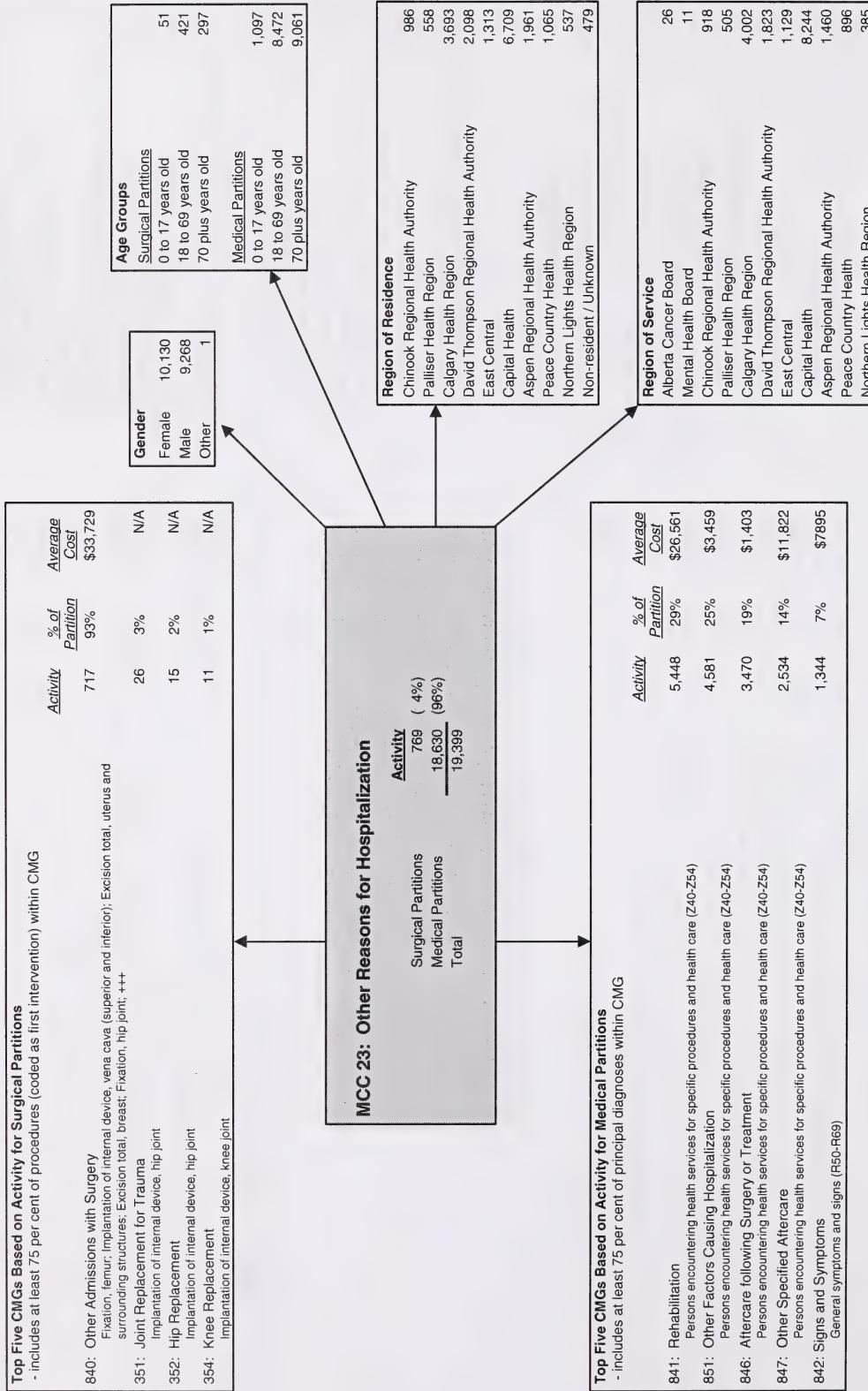
	Region of Residence	Average Cost
	Chinook Regional Health Authority	10
	Palliser Health Region	16
	Calgary Health Region	84
	David Thompson Regional Health Authority	43
	East Central	11
	Capital Health	75
	Aspen Regional Health Authority	35
	Peace Country Health	33
	Northern Lights Health Region	16
	Non-resident / Unknown	37

Top Five CMGs Based on Activity for Medical Partitions

- includes at least 75 per cent of principal diagnoses within CMG

	Activity	% of Partition	Average Cost
834: Non-extensive Burns without Burn Procedures	Burns and corosions (T20-132)	188 92%	\$5,928
831: Extensive Burns without Burn Procedures	Burns and corosions (120-132)	17 8%	\$14,793

	Region of Service	Average Cost
	Chinook Regional Health Authority	9
	Palliser Health Region	11
	Calgary Health Region	109
	David Thompson Regional Health Authority	27
	East Central	5
	Capital Health	144
	Aspen Regional Health Authority	22
	Peace Country Health	21
	Northern Lights Health Region	12



NA – average cost data not available as no costs submitted for MAC / ACCS group combination

MCC 24: Diseases and Disorders of HIV Infections (AIDS)

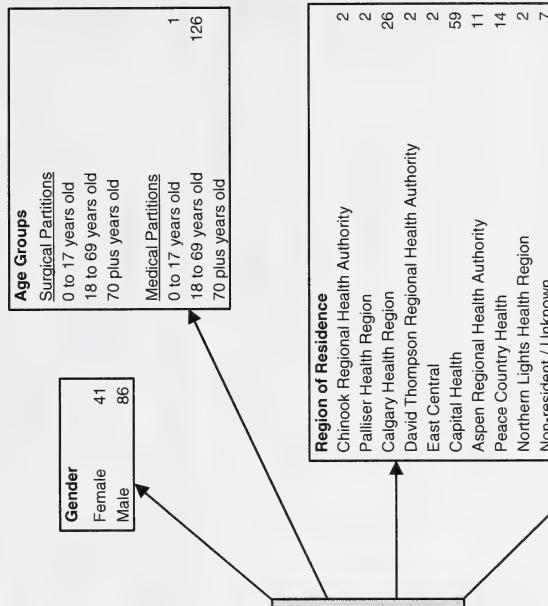
	<u>Activity</u>	
Surgical Partitions	0 (0%)	
Medical Partitions	127 (100%)	
Total	127	

Top Five CMGs Based on Activity for Medical Partitions
- includes at least 75 per cent of principal diagnoses within CMG

- 860: Respiratory Tract Disorders with HIV
- Human immunodeficiency virus [HIV] disease (B24)
- 868: Miscellaneous Conditions with HIV
- Human immunodeficiency virus [HIV] disease (B24)
- 862: G.I. and Hepatobiliary Disorders with HIV
- Human immunodeficiency virus [HIV] disease (B24)
- 861: CNS Infection with HIV
- Human immunodeficiency virus [HIV] disease (B24)
- 866: Psychosocial Conditions with HIV
- Human immunodeficiency virus [HIV] disease (B24)

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
	67	53%	\$10,456
	27	21%	\$10,776
	16	13%	\$9,305
	7	6%	\$14,344
	3	2%	\$73,923

	<u>Region of Service</u>	
	Chinook Regional Health Authority	2
	Palliser Health Region	2
	Calgary Health Region	26
	David Thompson Regional Health Authority	2
	East Central	2
	Capital Health	59
	Aspen Regional Health Authority	11
	Peace Country Health	14
	Northern Lights Health Region	2
	Non-resident/ Unknown	7



Top Five CMGs Based on Activity for Surgical Partitions

- includes at least 75 per cent of procedures (coded as first intervention) within CMG

- 666: Major Lower and Upper Extremity Procedures for Trauma
Fixation, ankle joint; Fixation, tibia and fibula; Fixation, knee joint
- 670: Upper Extremity Procedures for Trauma
Fixation, radius and ulna; Fixation, humerus; Fixation, elbow joint; Fixation, wrist joint
- 662: Femur or Pelvic Procedures for Trauma
Fixation, femur; Fixation, hip joint
- 361: Joint Replacement for Trauma
Implantation of internal device, hip joint
- 668: Miscellaneous Musculoskeletal Procedures for Trauma
Fixation, mandible; Fixation, multiple bones of mid face region, without cranium involvement; Fixation, zygoma; Fixation, nasoethmoid and orbital complex

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
	3,506	33%	\$4,949
	2,596	25%	\$3,831
	1,787	17%	\$11,707
	829	8%	\$15,323
	519	5%	\$5,299

<u>Age Groups</u>		
Surgical Partitions		
0 to 17 years old		1,295
18 to 69 years old		6,706
70 plus years old		2,592
Medical Partitions		
0 to 17 years old		1,301
18 to 69 years old		4,905
70 plus years old		2,272

MCC 25: Significant Trauma

<u>Activity</u>	<u>(56%)</u>	<u>Activity</u>	<u>(44%)</u>
Surgical Partitions	10,593	Medical Partitions	8,478
Total			19,071

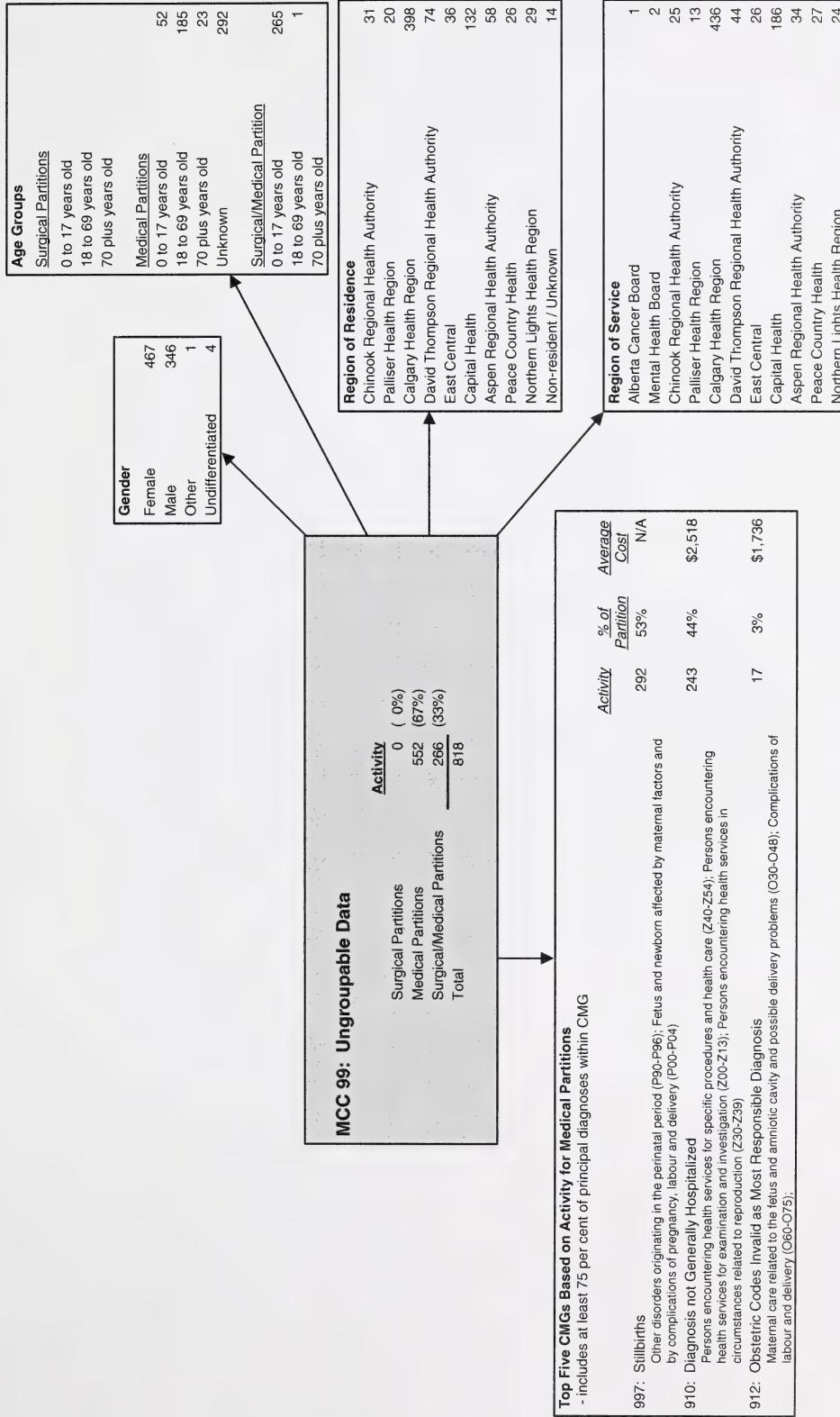
Top Five CMGs Based on Activity for Medical Partitions

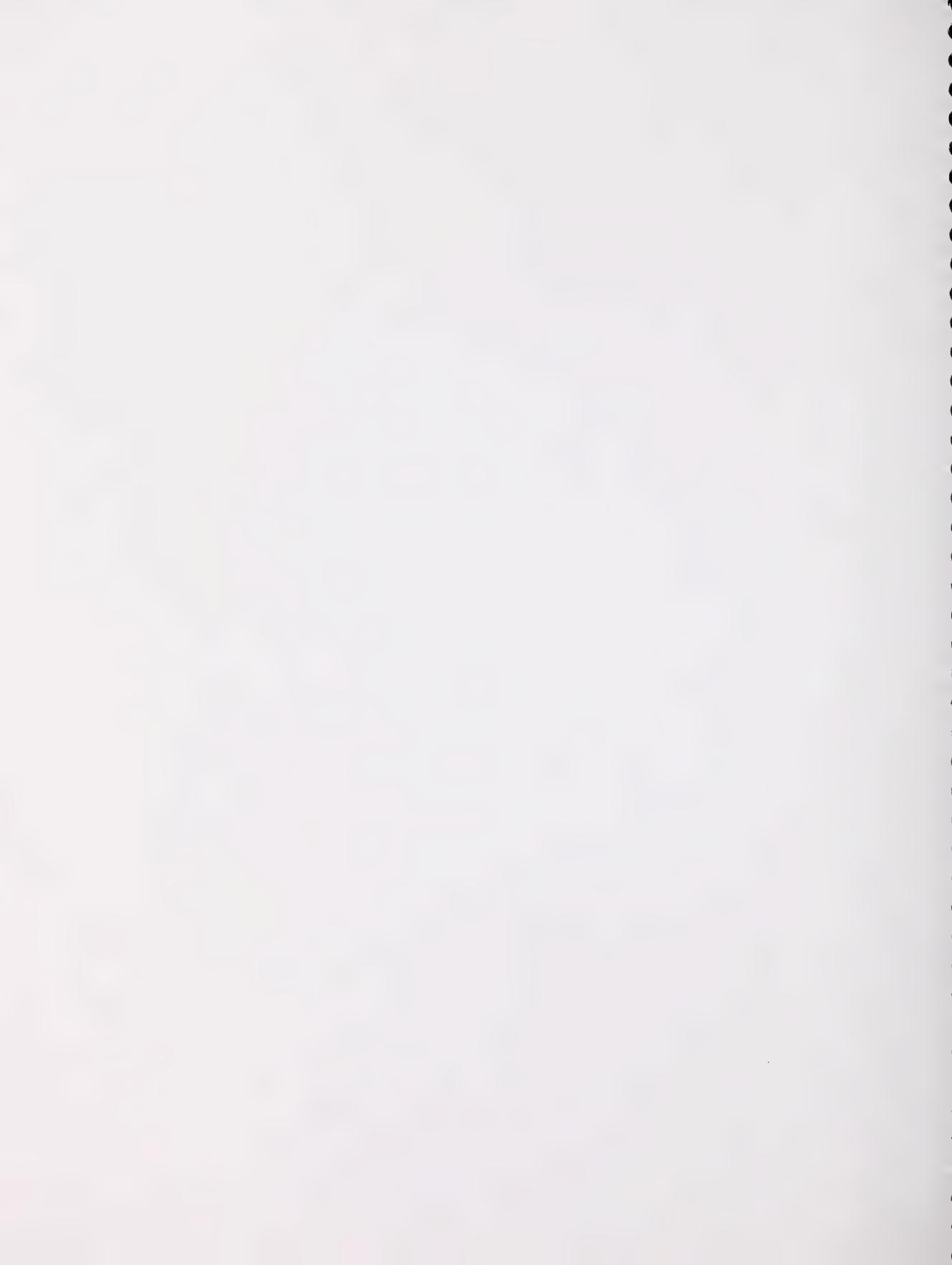
- includes at least 75 per cent of principal diagnoses within CMG

- 692: Wounds
Injuries to the wrist and hand (S60-S69); Injuries to the head (S00-S09); Injuries to the hip and thigh (S70-S79); Injuries to the abdomen, lower back, lumbar spine and pelvis (S30-S39); Injuries to the shoulder and upper arm (S40-S49); +++
- 695: Other Cranial Injuries
Injuries to the head (S00-S09)
- 687: Thoraco-abdominal Injuries
Injuries to the thorax (S20-S29)
- 680: Femur or Pelvic Fractures and Dislocations
Injuries to the hip and thigh (S70-S79); Injuries to the abdomen, lower back, lumbar spine and pelvis (S30-S39)
- 696: Upper Extremity Fractures
Injuries to the elbow and forearm (S50-S59); Injuries to the shoulder and upper arm (S40-S49)

<u>Region of Residence</u>		
Chinook Regional Health Authority	806	
Palliser Health Region	801	
Calgary Health Region	4,913	
David Thompson Regional Health Authority	2,453	
East Central	881	
Capital Health	4,960	
Aspen Regional Health Authority	1,496	
Peace Country Health	1,124	
Northern Lights Health Region	411	
Non-resident / Unknown	1,226	

<u>Region of Service</u>		
Chinook Regional Health Authority	712	
Palliser Health Region	745	
Calgary Health Region	5,901	
David Thompson Regional Health Authority	1,950	
East Central	493	
Capital Health	7,201	
Aspen Regional Health Authority	654	
Peace Country Health	1,131	
Northern Lights Health Region	284	





Health Costing in Alberta

2006 Annual Report

This section contains detailed ambulatory care information grouped into 19 clusters, the Major Ambulatory Clusters (MAC). MACs are based on body systems or specific types of clinical problems. Each MAC is split into partitions:

Intervention Related Visits – corresponds to visits belonging to ACCS Groups 1 to 99

Clinical Related Visits – corresponds to visits belonging to ACCS Groups >99

- ◆ The table displaying the gender distribution contains the standard male and female codes. There are also two other possible codes:

O – other, for transsexuals or hermaphrodites

U – undifferentiated, for stillbirths only

- ◆ The age groups are based on the age categories used by CIHI in CMG assignments. The age calculation is based on the visit date. For reference, the provincial breakdown, as of March 31, 2005, is as follows:

0 to 17 years old	774,422	(24%)
18 to 69 years old	2,195,000	(68%)
70 plus years old	240,269	(7%)
	<hr/>	3,209,691

- ◆ Region of residence refers to the regional health authority the recipient resided in at the time of the inpatient or ambulatory care visit. Region of service refers to the regional health authority where the hospital is located at fiscal year end. Population by region can be found on the Alberta Health and Wellness website in News/Media/Resources Stats & Facts section.

- ◆ The table displaying the Top Five ACCS Groups Based on Activity for Clinical Related Visits lists some of the main ambulatory care diagnosis codes. The main diagnosis code is¹

“the diagnosis, condition, problem, or in some cases, the intervention, that is the main reason for the ambulatory care services being provided to the service recipient. . . and is the diagnosis responsible for the greatest use of resources.”

- The diagnosis groupings are based on the first three digits of the principal diagnosis.
- At least 75 per cent of the records within the ACCS group will have one of the listed diagnosis codes as the principal diagnosis. The exception would be for ACCS groups with +++. For these groups, there are more than five diagnosis codes to represent 75 per cent of the records. Only the first five are listed.
- The activity and average costs are for the entire ACCS group within each MAC; that is, based on all diagnosis codes not just those representing 75 per cent of the records.
- Tables containing less than five ACCS groups include all ACCS groups belonging to the clinical related visits within that category.

- ◆ The table displaying the Top Five ACCS Groups Based on Activity for Intervention Related Visits lists some of the most common main intervention codes (coded as first intervention). The main intervention code is²

“the intervention performed and considered by the provider(s) to be the most clinically significant.”

¹ Alberta Ambulatory Care Reporting Manual Effective April 2003, Alberta Health and Wellness, p. 59-60.

² Ibid. p. 59-61.

Health Costing in Alberta

2006 Annual Report

- The intervention groupings are based on the rubrics, first five digits of the main intervention.
- At least 75 per cent of the records within the ACCS group will have one of the listed rubrics as the main intervention. The exception would be for ACCS groups with +++. For these groups, there are more than five intervention codes to represent 75 per cent of the records. Only the first five are listed.
- The activity and average costs are for the entire ACCS group within each MAC; that is, based on all intervention codes not just those representing 75 per cent of the records.
- Tables containing less than five ACCS groups include all ACCS groups belonging to the intervention related visits within that category.

Due to resource constraints, minor data flaws have not been completely purged from the data. For example, activity data indicate that a few women over 70 years of age received services relating to Pregnancy & Childbirth. Occasionally, fields relating to gender may have been empty.

Top Five ACCS Groups Based on Activity for Intervention Related Visits

- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

	Activity	% of Partition	Average Cost
12:	Hospital Visit Including CAT Scan	59%	\$591
75:	Computerized tomography [CT], head NEC; Computerized tomography [CT], brain	12,645	
2:	Spinal Specimen collection (diagnostic), spinal canal and meninges	1,450	7%
1.3:	Nerve & Other, Other Anaesthetic Release, nerve(s) of forearm and wrist	1,448	7%
1.1:	Nerve & Other, Local Anaesthetic Release, nerve(s) of forearm and wrist	1,439	7%
1.4:	Nerve & Other, No Anaesthetic Release, nerve(s) of forearm and wrist	1,096	5%

Age Groups	Intervention Related Visits
0 to 17 years old	1,266
18 to 69 years old	14,487
70 plus years old	5,752

Clinical Related Visits
0 to 17 years old
18 to 69 years old
70 plus years old

Gender	Female	Male	Other
Female	120,314		
Male	89,759	4	
Other			

Age Groups	Intervention Related Visits
0 to 17 years old	1,266
18 to 69 years old	14,487
70 plus years old	5,752

Clinical Related Visits
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Clinical Related Visits
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Gender	Female	Male	Other
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Male	89,759	4	
Other			

Age Groups	Intervention Related Visits

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Top Five ACCS Groups Based on Activity for Intervention Related Visits

- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

	Activity	% of Partition	Average Cost
5: Lens Interventions	24,202	65%	\$609
8: External Eye	7,250	19%	\$577
4: Orbital & Other Eye	3,083	8%	\$1,219
7: Strabismus	1,075	3%	\$1,418
6: Iris & Other Eye	855	2%	\$81

	Gender	% of Partition	Average Cost
5: Lens Interventions	Female	65.238	1,619
8: External Eye	Male	55.817	15,671
4: Orbital & Other Eye	Other	19	20,152

	Age Groups	% of Partition	Average Cost
5: Lens Interventions	0 to 17 years old	18 to 69 years old	70 plus years old
8: External Eye	18 to 69 years old	70 plus years old	70 plus years old
4: Orbital & Other Eye	0 to 17 years old	18 to 69 years old	70 plus years old
7: Strabismus	0 to 17 years old	18 to 69 years old	70 plus years old
6: Iris & Other Eye	0 to 17 years old	18 to 69 years old	70 plus years old

MAC 02: Diseases and Disorders of the Eye

Activity	(%)
Intervention Related Visits	37,442 (31%)
Clinical Related Visits	83,632 (69%)
Total	121,074

	Region of Residence	% of Partition	Average Cost
5: Lens Interventions	Chinook Regional Health Authority	4.514	3,772
8: External Eye	Palliser Health Region	2.955	2,368
4: Orbital & Other Eye	Calgary Health Region	39.026	44,198
7: Strabismus	David Thompson Regional Health Authority	10.666	6,704
6: Iris & Other Eye	East Central	5.042	3,261

	Region of Service	% of Partition	Average Cost
5: Lens Interventions	Chinook Regional Health Authority	4.3%	\$110
8: External Eye	Palliser Health Region	43%	\$110
4: Orbital & Other Eye	Calgary Health Region	43%	\$110
7: Strabismus	David Thompson Regional Health Authority	43%	\$110
6: Iris & Other Eye	East Central	43%	\$110
758: Management Ophthalmology 45+ years	Capital Health	43%	\$110
Glaucoma (H40-H42); Disorders of choroid and retina (H50-H56); Disorders of conjunctiva (H10-H13); Disorders of sclera, cornea, iris and ciliary body (H15-H22); Disorders of lens (H25-H28), +++	Chinook Regional Health Authority	43%	\$110
757: Management Ophthalmology 18 < 45 years	Palliser Health Region	43%	\$110
Disorders of conjunctiva (H10-H13); Disorders of sclera, cornea, iris and ciliary body (H15-H22); Disorders of eyelid, lacrimal system and orbit (H40-H42); Other disorders of eye and adnexa (H55-H59)	Calgary Health Region	43%	\$110
755: Management Ophthalmology 0 < 12 years	David Thompson Regional Health Authority	43%	\$110
Disorders s o conjunctiva (H10-H13); Disorders of ocular muscles, binocular movement, accommodation and refraction (H49-H52); Person encountering health services for examination and investigation (Z00-Z13); Disorders of eyelid, lacrimal system and orbit (H00-H06)	East Central	43%	\$110
754: Diag Inv Ophthalmology 45+ years	Capital Health	43%	\$110
Disorders s o choroid and retina (H50-H56); Glaucoma (H40-H42)	Chinook Regional Health Authority	43%	\$110
756: Management Ophthalmology 12 < 18 years	Palliser Health Region	43%	\$110
Disorders o conjunctiva (H10-H13); Disorders of ocular muscles, binocular movement, accommodation and refraction (H49-H52); Disorders of eyelid, lacrimal system and orbit (H00-H06); Disorders of sclera, cornea, iris and ciliary body (H15-H22); Visual disturbances and blindness (H53-H54)	Calgary Health Region	43%	\$110

Top Five ACCS Groups Based on Activity for Intervention Related Visits

- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

	Activity	% of Partition	Average Cost
60: Dental Surgery	8,002	26%	\$1,413
Restoration, tooth; Extraction, tooth; Therapeutic intervention NEC, tooth			
14: Nasal Interventions	5,056	16%	\$784
Control of bleeding, nose; Repair, nose; Destruction, nose			
16: External Ear	2,253	7%	\$369
Extraction, external auditory meatus; Pharmacotherapy (local), external auditory meatus			
17: Respiratory Endoscopy – ENT	2,000	6%	\$507
Inspection, larynx; Assessment (examination); total body; Pharmacotherapy (local), nose; Inspection, nose; Excision partial, glottis			
13: Tonsils & Adenoids 12+ years	1,841	6%	\$970
Excision total, tonsils and adenoids; Drainage, tonsils and adenoids			

MAC 03: Diseases and Disorders of the Ear, Nose, Mouth and Throat

Activity	Intervention Related Visits	Clinical Related Visits	Total
	31,124 (10%)	285,133 (90%)	
			316,257

Region of Residence

Age Groups	Intervention Related Visits	Clinical Related Visits
0 to 17 years old	14,827	164,548
18 to 69 years old	13,468	111,056
70 plus years old	2,829	9,529

Region of Service	Chinook Regional Health Authority	Palliser Health Region	Calgary Health Region	David Thompson Regional Health Authority	East Central	Capital Health	Aspen Regional Health Authority	Peace Country Health	Northern Lights Health Region	Non-resident / Unknown
	17,046	9,940	101,059	33,977	15,005	54,947	33,876	28,283	12,440	9,684

Top Five ACCS Groups Based on Activity for Clinical Related Visits

- includes at least 75 per cent of principal diagnoses within ACCS group

	Activity	% of Partition	Average Cost
303: Management General ENT	184,028	65%	\$151
Acute upper respiratory infections (J00-J06); Persons encountering health services for examination and investigation (Z00-Z13)			
305: Otitis Media	38,157	13%	\$99
Diseases of middle ear and mastoid (H65-H75)			
1143: Audiology Group 3	12,211	4%	\$283
Persons encountering health services for examination and investigation (Z00-Z13)			
301: Diag Inv General ENT	10,322	4%	\$236
Acute upper respiratory infections (J00-J06); Symptoms and signs involving the circulatory and respiratory systems (R00-R09)			
409: Management General Gastrointestinal 18 < 45 years	10,302	4%	\$91
Diseases of oral cavity, salivary glands and jaws (K00-K14)			

Top Five ACCS Groups Based on Activity for Intervention Related Visits

- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

	Activity	% of Partition	Average Cost
75: Hospital Visit Including CAT Scan Computerized tomography [CT], lung NEC; Computerized tomography [CT], head NEC; Assessment (examination), total body; Computerized tomography [CT], abdominal cavity	1,796	29%	\$956
17: Respiratory Endoscopy - ENT Biopsy, bronchus; Biopsy, lung	1,206	19%	\$557
82: 1: Extensive Sleep Studies Other study, brain	1,190	19%	\$1,142
61:2: Biopsy, Percutaneous Drainage, pleura Hospital Visit Including Nuclear Imaging Diagnostic nuclear (imaging) study, lung NEC; Electrophysiological measurement, heart	701	11%	\$675
	572	9%	\$1,214

MAC 04: Diseases and Disorders of the Respiratory System

Activity	(%)
Intervention Related Visits	6,276 (4%)
Clinical Related Visits	<u>160,372 (96%)</u>
Total	<u>166,648</u>

Top Five ACCS Groups Based on Activity for Clinical Related Visits

- includes at least 75 per cent of principal diagnoses within ACCS group

	Activity	% of Partition	Average Cost
856: Management General Respiratory 18 < 65 years Chronic lower respiratory diseases (J40-J47); Other acute lower respiratory infections (J20-J22); Other diseases of the respiratory system (J95-J99)	38,892	24%	\$143
852: Diag Inv General Respiratory 18+ years Chronic lower respiratory diseases (J40-J47); influenza and pneumonia (J10-J19); Symptoms and signs involving the circulatory and respiratory systems (R00-R09)	24,379	15%	\$315
855: Management General Respiratory 6 < 18 years Chronic lower respiratory diseases (J40-J47); Other acute lower respiratory infections (J20-J22); Other diseases of the respiratory system (J95-J99)	14,750	9%	\$157
854: Management General Respiratory 1.5 < 6 years Chronic lower respiratory diseases (J40-J47); Acute upper respiratory infections (J00-J06); Other acute lower respiratory infections (J20-J22)	14,474	9%	\$159
857: Management General Respiratory 05+ years Chronic lower respiratory diseases (J40-J47); Other diseases of the respiratory system (J95-J99); Other acute lower respiratory infections (J20-J22)	12,408	8%	\$216

Age Groups	Intervention Related Visits
0 to 17 years old	377
18 to 69 years old	4,113
70 plus years old	1,786
Clinical Related Visits	
0 to 17 years old	58,771
18 to 69 years old	75,189
70 plus years old	26,412

Region of Residence	
Calgary Regional Health Authority	8,478
Palliser Health Region	5,011
Calgary Health Region	50,440
David Thompson Regional Health Authority	19,185
East Central Capital Health	6,434
Aspen Regional Health Authority	37,319
Peace Country Health	13,488
Northern Lights Health Region	15,694
Non-resident / Unknown	4,634
	5,971

Top Five ACCS Groups Based on Activity for Intervention Related Visits

- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

	Activity	% of Partition	Average Cost
19: Cardiac Catheter 18+ years X-ray, heart with coronary arteries	8,917	39%	\$1,396
74: Hospital Visit Including Nuclear Imaging Diagnostic nuclear (imaging) study, heart with coronary arteries	4,461	19%	\$1,321
75: Hospital Visit including CAT Scan Computerized tomography (CT), head NEC: Computerized tomography (CT), lung NEC: Computerized tomography (CT), abdominal cavity, Assessment (examination), total body	2,100	9%	\$982
64: Cardioversion Stimulation, heart NEC	1,462	6%	\$487
20: Angiography 18+ years X-ray, heart with coronary arteries; Electrophysiological measurement, heart; X-ray, arteries of leg NEC; Dilatation, abdominal arteries NEC; Dilatation, arteries of leg NEC	1,354	6%	\$2,001

Top Five ACCS Groups Based on Activity for Intervention Related Visits

- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

	Activity	% of Partition	Average Cost
19: Cardiac Catheter 18+ years X-ray, heart with coronary arteries	8,917	39%	\$1,396
74: Hospital Visit Including Nuclear Imaging Diagnostic nuclear (imaging) study, heart with coronary arteries	4,461	19%	\$1,321
75: Hospital Visit including CAT Scan Computerized tomography (CT), head NEC: Computerized tomography (CT), abdominal cavity, Assessment (examination), total body	2,100	9%	\$982
64: Cardioversion Stimulation, heart NEC	1,462	6%	\$487
20: Angiography 18+ years X-ray, heart with coronary arteries; Electrophysiological measurement, heart; X-ray, arteries of leg NEC; Dilatation, abdominal arteries NEC; Dilatation, arteries of leg NEC	1,354	6%	\$2,001

MAC 05: Diseases and Disorders of the Circulatory System

Activity		
Intervention Related Visits	22,976	(7%)
Clinical Related Visits	325,705	(93%)
Total	348,681	

Age Groups	Intervention Related Visits	Clinical Related Visits
0 to 17 years old	160,386	18,708
18 to 69 years old	188,292	18 to 69 years old
70 plus years old	3	198,935
		108,062

Gender	Intervention Related Visits	Clinical Related Visits
Female	160,386	18,708
Male	188,292	18 to 69 years old
Other	3	198,935

Region of Residence	Chinook Regional Health Authority	Calgary Health Region	David Thompson Regional Health Authority	East Central	Capital Health	Aspen Regional Health Authority	Peace Country Health	Northern Lights Health Region	Non-resident / Unknown
	10,742	7,647	166,194	28,296	9,021	78,610	14,478	13,625	4,171
									15,897

Region of Service	Chinook Regional Health Authority	Palliser Health Region	Calgary Health Region	David Thompson Regional Health Authority	East Central	Capital Health	Aspen Regional Health Authority	Peace Country Health	Northern Lights Health Region
	7,942	4,219	189,032	20,473	6,234	95,270	9,635	12,249	3,627

Activity	% of Partition	Average Cost
210: Management General Cardiac 18+ years Other forms of heart disease (I30-I52); Persons encountering health services for examination and investigation (Z00-Z13); Hypertensive diseases (I10-I15)	140,653	\$132
2082: Mode of Service - Telephone Other forms of heart disease (I30-I52); Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified (I80-I89)	44,273	\$78
213: Dysrhythmia & Conductive Disorders Other forms of heart disease (I30-I52)	24,735	\$214
205: Diagnosis general Cardiac 18+ years Symptoms and signs involving the circulatory and respiratory systems (R00-R09); Other forms of heart disease (I30-I52)	16,999	\$397
218: Management Angina Ischaemic heart disease (I20-I25)	15,976	\$111

Top Five ACCS Groups Based on Activity for Intervention Related Visits

- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

	Activity	% of Partition	Average Cost
28.2: Endoscopy GI - Medium Inspection, large intestine; Biopsy, stomach; Biopsy, small intestine; Biopsy, large intestine	42,539	54%	\$492
26: Hernia Repair, muscles of the chest and abdomen	6,849	9%	\$1,538
28.3: Endoscopy GI - Medium Esophageal, large intestine	6,549	8%	\$554
75: Hospital Visit Including CAT Scan Computerized tomography (CT); abdominal cavity; Pharmacotherapy, total body	6,102	8%	\$892
30.4: Minor Anal Interventions, No Anaesthetic Pharmacotherapy (local), rectum; Inspection, rectum; Drainage, anus	2,845	4%	\$279

Top Five ACCS Groups Based on Activity for Intervention Related Visits

- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

	Activity	% of Partition	Average Cost
28.2: Endoscopy GI - Medium Inspection, large intestine; Biopsy, stomach; Biopsy, small intestine; Biopsy, large intestine	42,539	54%	\$492
26: Hernia Repair, muscles of the chest and abdomen	6,849	9%	\$1,538
28.3: Endoscopy GI - Medium Esophageal, large intestine	6,549	8%	\$554
75: Hospital Visit Including CAT Scan Computerized tomography (CT); abdominal cavity; Pharmacotherapy, total body	6,102	8%	\$892
30.4: Minor Anal Interventions, No Anaesthetic Pharmacotherapy (local), rectum; Inspection, rectum; Drainage, anus	2,845	4%	\$279

- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group
- 28.2: Endoscopy GI - Medium Inspection, large intestine; Biopsy, stomach; Biopsy, small intestine; Biopsy, large intestine
- 26: Hernia Repair, muscles of the chest and abdomen
- 28.3: Endoscopy GI - Medium Esophageal, large intestine
- 75: Hospital Visit Including CAT Scan Computerized tomography (CT); abdominal cavity; Pharmacotherapy, total body
- 30.4: Minor Anal Interventions, No Anaesthetic Pharmacotherapy (local), rectum; Inspection, rectum; Drainage, anus

MAC 06: Diseases and Disorders of the Digestive System

Activity		
Intervention Related Visits	78,360	(19%)
Clinical Related Visits	330,161	(81%)
Total	408,521	

Top Five ACCS Groups Based on Activity for Clinical Related Visits

- includes at least 75 per cent of principal diagnoses within ACCS group

	Activity	% of Partition	Average Cost
409: Management General Gastrointestinal 18 < 45 years Symptoms and signs involving the digestive system and abdomen (R10-R19); Noninfective enteritis and colitis (K50-K52); Diseases of oesophagus, stomach and duodenum (K20-K31)	65,809	20%	\$141
410: Management General Gastrointestinal 45 < 65 years Symptoms and signs involving the digestive system and abdomen (R10-R19); Noninfective enteritis and colitis (K50-K52); Persons encountering health services in other circumstances (Z70-Z76); Diseases of oesophagus, stomach and duodenum (K20-K31)	30,992	9%	\$133
1202: Clinical Nutrition Group 2 Persons encountering health services in other circumstances (Z70-Z76)	30,380	9%	\$63
1201: Clinical Nutrition Group 1 Persons encountering health services in other circumstances (Z70-Z76)	28,175	9%	\$30
408: Management General Gastrointestinal 6 < 18 years Symptoms and signs involving the digestive system and abdomen (R10-R19); Noninfective enteritis and colitis (K50-K52); Other diseases of intestines (K55-K55)	21,483	7%	\$148

Age Groups	Intervention Related Visits	Clinical Related Visits
0 to 17 years old	3,362	
18 to 69 years old	60,553	
70 plus years old	14,445	
Intervention Related Visits		
0 to 17 years old	71,489	
18 to 69 years old	214,130	
70 plus years old	44,542	

Region of Residence	Chinook Regional Health Authority	Calgary Regional Health Authority	East Central	Capital Health	Aspen Regional Health Authority	Peace Country Health	Northern Lights Health Region	Non-resident / Unknown
	20,019	19,738	116,126	114,909	28,446	28,448	8,953	13,118

Top Five ACCS Groups Based on Activity for Intervention Related Visits

- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

	Activity	% of Partition	Average Cost
25: Cholecystectomy	3,097	43%	\$1,783
27: ERCP	1,594	22%	\$1,466
61.2: Biopsy - Percutaneous Drainage, abdominal cavity; Biopsy, liver	1,325	18%	\$656
75: Hospital Visit Including CAT Scan Computerized tomography (CT), abdominal cavity; Computerized tomography (CT), head NEC; Pharmacotherapy, total body	539	7%	\$1,018
28.2: Endoscopy GI – Medium Inspection, small intestine; Biopsy, stomach	339	5%	\$492

	Activity	% of Partition	Average Cost
Intervention Related Visits	7,209	(22%)	
Clinical Related Visits	25,109	(78%)	
Total	32,318		

MAC 07: Diseases and Disorders of the Hepatobiliary System and Pancreas

Age Groups	Intervention Related Visits	Clinical Related Visits
0 to 17 years old	53	
18 to 69 years old	5,979	
70 plus years old	1,177	
		1,631
0 to 17 years old		21,040
18 to 69 years old		2,438
70 plus years old		

Region of Residence	Chinook Regional Health Authority	Palliser Health Region	Calgary Health Region	David Thompson Regional Health Authority	East Central	Capital Health	Aspen Regional Health Authority	Peace Country Health	Northern Lights Health Region	Non-resident / Unknown
	1,860									
		862								
			11,006							
				2,607						
					855					
						9,298				
							1,903			
								1,942		
									611	
										1,374

Top Five ACCS Groups Based on Activity for Clinical Related Visits

- includes at least 75 per cent of principal diagnoses within ACCS group

	Activity	% of Partition	Average Cost
502: Management Hepatobiliary Diseases of liver (K70-K77); Disorders of gallbladder, biliary tract and pancreas (K80-K87)	16,736	67%	\$86
2004: Other Unit without Secondary Diagnosis Disorders of gallbladder, biliary tract and pancreas (K80-K87)	3,350	13%	\$456
501: Diag Inv Hepatobiliary Disorders of gallbladder, biliary tract and pancreas (K80-K87);	2,001	8%	\$529
2003: Other Unit with Secondary Diagnosis Disorders of gallbladder, biliary tract and pancreas (K80-K87); Diseases of liver (K70-K77);	1,546	6%	\$508
2082: Mode of Service - Telephone Viral hepatitis (B15-B19); Disorders of gallbladder, biliary tract and pancreas (K80-K87); Diseases of liver (K70-K77); Persons with potential health hazards related to family and personal history and certain conditions influencing health status (Z80-Z99)	870	3%	\$215

Top Five ACCS Groups Based on Activity for Intervention Related Visits

- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

	Activity	% of Partition	Average Cost
50: Knee Interventions Repair; knee joint; Excision partial; meniscus of knee; Excision partial, knee joint	7,492	28%	\$1,219
52.1: Remove Int Fixation, Lower Extremity Removal of device; ankle joint; Removal of device, knee joint; Removal of device, tarsometatarsal joints; metatarsal bones and metatarsophalangeal joints [forefoot]	2,113	8%	\$802
47: Tendon & Muscle Interventions Release; flexor tendons of finger; [excludes thumb]; Release; soft tissue of the wrist and hand; Release; tendons of thumb; [Pollicis tendons]; Excision partial; soft tissue of foot and ankle; Release; tendons of wrist and hand; +++	1,731	7%	\$867
51: Hand, Ankle & Foot Repair; tarsometatarsal joints; metatarsal bones and metatarsophalangeal joints [forefoot]; Immobilization; joints of fingers and hand NEC; Excision partial; ankle joint; Fusion; tarsometatarsal joints; metatarsal bones and metatarsophalangeal joints [forefoot]; midfoot; +++	1,718	7%	\$1,508
61.2: Biopsy, Percutaneous Drainage; knee joint; Drainage; elbow joint	1,659	6%	\$232

Top Five ACCS Groups Based on Activity for Intervention Related Visits

- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

Gender	Age Groups	Intervention Related Visits
Female	0 to 17 years old	1,983
Male	18 to 69 years old	21,603
Other	70 plus years old	2,793

MAC 08: Diseases and Disorders of the Musculoskeletal System and Connective Tissue

Activity	% ()
Intervention Related Visits	26,379 (8%)
Clinical Related Visits	320,962 (92%)
Total	347,341

Region of Residence	Intervention Related Visits
Chinook Regional Health Authority	21,019
Palliser Health Region	10,768
Calgary Health Region	94,510
David Thompson Regional Health Authority	34,252
East Central	14,193
Capital Health	98,799
Aspen Regional Health Authority	27,304
Peace Country Health	26,598
Northern Lights Health Region	7,883
Non-resident / Unknown	12,015

Top Five ACCS Groups Based on Activity for Clinical Related Visits

- includes at least 75 per cent of principal diagnoses within ACCS group

	Activity	% of Partition	Average Cost
564: Management Other Musculoskeletal 18+ years Persons encountering health services for specific procedures and health care [Z40-Z54]; Dorsopathies (M40-M54); Arthropathies (M00-M25)	122,299	38%	\$61
557: Diag Inv Other Musculoskeletal 18+ years Persons encountering health services for specific procedures and health care [Z40-Z54]; Persons encountering health services for examination and investigation (Z00-Z13);	78,588	24%	\$148
562: Management Inflam Musculoskeletal 18+ years Arthropathies (M00-W25); Soft tissue disorders (M60-M79)	37,307	12%	\$78
556: Diag Inv Other Musculoskeletal < 18 years Persons encountering health services for specific procedures and health care [Z40-Z54]; Osteopathies and chondropathies (M80-M94)	23,007	7%	\$130
563: Management Other Musculoskeletal < 18 years Persons encountering health services for specific procedures and health care [Z40-Z54]; Osteopathies and chondropathies (M80-M94); Dorsopathies (M40-M54);	21,178	7%	\$74

Region of Service	Intervention Related Visits
Chinook Regional Health Authority	21,056
Palliser Health Region	9,489
Calgary Health Region	104,500
David Thompson Regional Health Authority	28,608
East Central	10,752
Capital Health	117,993
Aspen Regional Health Authority	20,948
Peace Country Health	26,558
Northern Lights Health Region	7,437

Top Five ACCS Groups Based on Activity for Intervention Related Visits

- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

	Activity	% of Partition	Average Cost
59.4: Skin Interventions, No Anaesthetic Excision partial; skin N/C; Excision partial, skin of abdomen and trunk; Assessment (examination), total body; Destruction, skin of face; Excision partial, nail; +++	13,977	32%	\$172
59.1: Skin Interventions, Local Anaesthetic Excision partial; skin of abdomen and trunk; Excision partial, skin of face; Excision partial, nail; Excision partial, skin of arm; Excision partial, skin of neck; +++	12,005	27	\$255
55. Mastectomy Excision partial, breast; Biopsy, breast NOS	2,397	5	\$570
37.1: Circumcision 0 < 1.5 years Excision total, prepuce	2,051	5	\$184
58.3: Other Plastic Reconstruction Excision partial, skin of ear; Excision partial, skin of face; Excision partial, skin of abdomen and trunk; Excision partial, scro; Excision partial, skin N/C; +++	1,580	4%	\$1,068

MAC 09: Diseases and Disorders of the Skin and Subcutaneous

Site and Breast	Activity	Value	Percentage	Source
Intervention Related Visits	43,779	1,826	(18%)	Calgary Health Region
Clinical Related Visits	204,544	82%	(82%)	David Thompson Regional Health Authority East Central Capital Health
Total	248,323			Aspen Regional Health Authority

Top Five ACCS Groups Based on Activity for Clinical Related Visits

- includes at least 75 per cent of principal diagnoses within ACCS group

			Region of Service		
			Activity	% of Partition	Average Cost
902:	Management Skin & Soft Tissue	Persons encountering health services for specific procedures and health care (Z40-Z54); Dermatitis and eczema (L20-L30); Symptoms and signs involving the skin and subcutaneous tissue (R20-R23); Other disorders of the skin and subcutaneous tissue (L80-L89); Injuries to the head (S00-S09); +++	165,753	81%	\$94
906:	Cellulitis	Infections of the skin and subcutaneous tissue (L00-L08)	20,860	10%	\$154
901:	Diag Inv Skin & Soft Tissue	Injuries to the head (S00-S09); Injuries to the wrist and hand (S60-S69); Persons encountering health services for specific procedures and health care (Z40-Z54); Injuries to the ankle and foot (S90-S99); Injuries to the thorax (S20-S29); +++	14,214	7%	\$219
		(2004): Other Unit without Secondary Diagnosis			\$310
					1.414 1%
					16,546 16,546
					8,981 8,981
					50,189 50,189
					28,722 28,722
					14,373 14,373
					64,937 64,937
					26,548 26,548
					26,806 26,806
					11,421 11,421

Top Five ACCS Groups Based on Activity for Intervention Related Visits

- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
24: Minor Vascular Drainage; circulatory system NEC	3,596	52%	\$168
8: External Eye Test; eye; Destruction, retina; Destruction, choroid; Pressure measurement, circulatory system	761	11%	\$102
59: Skin Interventions, No Anesthetic Assessment (examination), total body; Destruction, skin of foot; Destruction, skin NEC	596	9%	\$217
75: Hospital Visit including CAT Scan Computerized tomography [CT], head NEC; Computerized tomography [CT], abdominal cavity; Pharmacotherapy (local); circulatory system NEC	551	8%	\$781
61: Biopsy, Percutaneous Biopsy, thyroid gland; Drainage, thyroid gland	216	3%	\$430

Top Five ACCS Groups Based on Activity for Clinical Related Visits

- includes at least 75 per cent of principal diagnoses within ACCS group

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
24: Minor Vascular Drainage; circulatory system NEC	3,596	52%	\$168
8: External Eye Test; eye; Destruction, retina; Destruction, choroid; Pressure measurement, circulatory system	761	11%	\$102
59: Skin Interventions, No Anesthetic Assessment (examination), total body; Destruction, skin of foot; Destruction, skin NEC	596	9%	\$217
75: Hospital Visit including CAT Scan Computerized tomography [CT], head NEC; Computerized tomography [CT], abdominal cavity; Pharmacotherapy (local); circulatory system NEC	551	8%	\$781
61: Biopsy, Percutaneous Biopsy, thyroid gland; Drainage, thyroid gland	216	3%	\$430

MAC 10: Endocrine, Nutritional, and Metabolic Diseases and Disorders

<u>Activity</u>	<u>(%)</u>
Intervention Related Visits	6,967 (8%)
Clinical Related Visits	81,536 (92%)
Total	88,503

<u>Gender</u>	<u>Age Group</u>	<u>Intervention Related Visits</u>
Female	0 to 17 years old	45,509
Male	18 to 65 years old	42,983
Other	70 plus years old	1

<u>Region of Residence</u>	<u>Age Group</u>	<u>Clinical Related Visits</u>
Chinook Regional Health Authority	0 to 17 years old	1,889
Palliser Health Region	18 to 65 years old	1,236
Calgary Health Region	70 plus years old	34,933
David Thompson Regional Health Authority	70 plus years old	4,667
East Central	0 to 17 years old	3,337
Capital Health	18 to 65 years old	30,382
Aspen Regional Health Authority	70 plus years old	5,274
Peace Country Health	70 plus years old	2,551
Northern Lights Health Region	70 plus years old	1,244
Non-resident / Unknown	70 plus years old	2,990

Top Five ACCS Groups Based on Activity for Clinical Related Visits

- includes at least 75 per cent of principal diagnoses within ACCS group

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
260: Management Diabetes 18+ years Diabetes mellitus (E10-E14)	34,583	42%	\$136
258: Management General Endocrinol 18+ years Disorders of other endocrine glands (E20-E35); Metabolic disorders (E70-E90)	12,163	15%	\$72
259: Management Diabetes < 18+ years Diabetes mellitus (E10-E14)	6,645	8%	\$231
2082: Mode of Service - Telephone Diabetes mellitus (E10-E14)	6,328	8%	\$95
267: Fluid & Electrolyte 6+ years Metabolic disorders (E70-E90)	4,952	6%	\$315

Top Five ACCS Groups Based on Activity for Intervention Related Visits

- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

	Activity	% of Partition	Average Cost
62: Hemodialysis	192,118	73%	\$305
35.: Bladder & Urethral Interventions, Local Anaesthetic Inspection, bladder	12,041	5	\$236
41: Minor Gyn Interventions Biopsy, cervix; Excision partial, cervix NEC; Assessment (examination), total body; Implantation of internal device, vagina NEC	10,964	4%	\$270
40: Endo & Gyn Interventions Occlusion, fallopian tube NEC; Excision partial, uterus and surrounding structures	6,827	3%	\$895
38: Uro Diagnostic Interventions Function study, bladder; Assessment (examination), total body	5,227	2%	\$348

MAC 11: Diseases and Disorders of Kidney and Genitourinary Tract

Activity	
Intervention Related Visits	263,674 (61%)
Clinical Related Visits	169,921 (39%)
Total	433,595

	Activity	% of Partition	Average Cost
364: Management Other Genitourological Disorders 18+ years Other diseases of urinary system (N30-N39); Renal failure (N17-N19); Other disorders of kidney and ureter (N25-N29); Symptoms and signs involving the urinary system (R30-R39); Persons encountering health services for specific procedures and health care (Z40-Z54)	75,889	45%	\$112
364: Management General Female Genital Disorders 18 < 45 years Noninflammatory disorders of female genital tract (N80-N89); Inflammatory diseases of female pelvic organs (N70-N77)	17,296	10%	\$121
2082: Mode of Service - Telephone Persons with potential health hazards related to family and personal history and certain conditions influencing health status (Z80-Z89); Other disorders of kidney and ureter (N25-N29); Persons encountering health services for specific procedures and health care (Z40-Z54)	15,043	9%	\$92
363: Management Other Genitourological Disorders < 18 years Other diseases of urinary system (N30-N39); Glomerular diseases (N00-N08); Symptoms and signs involving the urinary system (R30-R39)	13,140	8%	\$147
356: Management Contraceptive Persons encountering health services in circumstances related to reproduction (Z30-Z39)	9,514	6%	\$78

	Activity	% of Partition	Average Cost
364: Management Other Genitourological Disorders 18+ years Other diseases of urinary system (N30-N39); Renal failure (N17-N19); Other disorders of kidney and ureter (N25-N29); Symptoms and signs involving the urinary system (R30-R39); Persons encountering health services for specific procedures and health care (Z40-Z54)	75,889	45%	\$112
364: Management General Female Genital Disorders 18 < 45 years Noninflammatory disorders of female genital tract (N80-N89); Inflammatory diseases of female pelvic organs (N70-N77)	17,296	10%	\$121
2082: Mode of Service - Telephone Persons with potential health hazards related to family and personal history and certain conditions influencing health status (Z80-Z89); Other disorders of kidney and ureter (N25-N29); Persons encountering health services for specific procedures and health care (Z40-Z54)	15,043	9%	\$92
363: Management Other Genitourological Disorders < 18 years Other diseases of urinary system (N30-N39); Glomerular diseases (N00-N08); Symptoms and signs involving the urinary system (R30-R39)	13,140	8%	\$147
356: Management Contraceptive Persons encountering health services in circumstances related to reproduction (Z30-Z39)	9,514	6%	\$78

	Gender	% of Partition	Average Cost
62: Hemodialysis	Female	234,481	4,723
	Male	199,112	160,797
	Other	2	98,154

	Age Groups	% of Partition	Average Cost
62: Hemodialysis	0 to 17 years old	73%	\$305
	18 to 69 years old		
	70 plus years old		
	Clinical Related Visits		
364: Management Other Genitourological Disorders 18+ years	0 to 17 years old	45%	\$112
	18 to 69 years old		
	70 plus years old		

	Region of Residence	% of Partition	Average Cost
62: Hemodialysis	Chinook Regional Health Authority	24,955	4,723
	Palliser Health Region	16,281	160,797
	Calgary Health Region	143,770	143,770
	David Thompson Regional Health Authority	43,339	98,154
	East Central	14,658	129,972
364: Management Other Genitourological Disorders 18+ years	Capital Health	25,916	25,916
	Aspen Regional Health Authority	18,681	18,681
	Peace Country Health	8,638	8,638
	Northern Lights Health Region	14,385	14,385
	Non-resident / Unknown		

	Region of Service	% of Partition	Average Cost
62: Hemodialysis	Chinook Regional Health Authority	10,134	5,191
	Palliser Health Region		
	Calgary Health Region		
	David Thompson Regional Health Authority		
	East Central		
364: Management Other Genitourological Disorders 18+ years	Capital Health	17,248	17,248
	Aspen Regional Health Authority	7,625	7,625
	Peace Country Health	180,673	180,673
	Northern Lights Health Region	12,773	12,773
364: Management General Female Genital Disorders 18 < 45 years	Non-resident / Unknown		
2082: Mode of Service - Telephone			
363: Management Other Genitourological Disorders < 18 years			
356: Management Contraceptive			

Top Five ACCS Groups Based on Activity for Intervention Related Visits

- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

	Activity	% of Partition	Average Cost
42: Evacuations	12,687	87%	\$562
Surgical termination of pregnancy	829	6%	\$1,203
61.2: Biopsy, Percutaneous	501	3%	\$380
Amniocentesis			
41: Minor Gyn Interventions			
Assessment (examination), total body; Dilatation, cervix NEC; Inspection, vagina; Suturing of internal cervical os	72	0%	\$673
2: Spinal	57	0%	\$989
Specimen collection (diagnostic); spinal canal and meninges			
40: Endo & Gyn Interventions			
Interventions to uterus (following delivery); Surgical termination of pregnancy			
			4

MAC 14: Pregnancy, Childbirth, Newborns and Neonates

Activity

Intervention Related Visits	14,530	(10%)
Clinical Related Visits	134,784	
Total	149,314	

Region of Residence

Age Groups	Intervention Related Visits
0 to 17 years old	964
18 to 69 years old	13,566
70 plus years old	
Clinical Related Visits	
0 to 17 years old	8,523
18 to 69 years old	126,267
70 plus years old	4

Region of Service

Region of Service	Chinook Regional Health Authority	6,386
Palliser Health Region	9,625	
Calgary Health Region	53,465	
David Thompson Regional Health Authority	8,058	
East Central	3,038	
Capital Health	44,046	
Aspen Regional Health Authority	8,243	
Peace Country Health	7,223	
Northern Lights Health Region	4,648	
Non-resident / Unknown	4,582	

Top Five ACCS Groups Based on Activity for Clinical Related Visits

- includes at least 75 per cent of principal diagnoses within ACCS group

	Activity	% of Partition	Average Cost
663: Management Antepartum	53,280	40%	\$143
Maternal care related to the fetus and amniotic cavity and possible deliver problems (O30-O48); Other maternal disorders predominantly related to pregnancy (O20-O29)			
651: Antepartum Routine	32,797	24%	\$115
Persons encountering health services in circumstances related to reproduction (Z30-Z39)			
2004: Other Unit without Secondary Diagnosis	17,304	13	\$256
Persons encountering health services in circumstances related to reproduction (Z30-Z39); Maternal care related to the fetus and amniotic cavity and possible deliver problems (O30-O48)			
662: Diag Inv Antepartum	6,077	5%	\$388
Maternal care related to the fetus and amniotic cavity and possible deliver problems (O30-O48); Other maternal disorders predominantly related to pregnancy (O20-O29)			
2003: Other Unit with Secondary Diagnosis	4,548	3%	\$280
Maternal care related to the fetus and amniotic cavity and possible deliver problems (O30-O48); Parsons encountering health services in circumstances related to reproduction (Z30-Z39); Other obstetric conditions, not elsewhere classified (O85-O99)			

Top Five ACCS Groups Based on Activity for Intervention Related Visits

- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

	Activity	% of Partition	Average Cost
63: Transfusions	2,011	28%	\$725
28.2: Endoscopy, circulatory system NEC	1,181	16%	\$554
24: Minor Vascular	1,179	16%	\$204
61.1: Biopsy, Other	1,141	16%	\$767
65: Chemotherapy - Oncology	503	7%	\$395

Includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

MAC 16: Haematology Incl Lymphoma, Leukaemia and Unspecified Site Neoplasms

Activity	% of
Intervention Related Visits	7,169 (17%)
Clinical Related Visits	36,067 (83%)
Total	43,236

Top Five ACCS Groups Based on Activity for Clinical Related Visits

- includes at least 75 per cent of principal diagnoses within ACCS group

	Activity	% of Partition	Average Cost
455: Management Hematological 18 < 45 years	13,119	36%	\$186
Other diseases of blood and blood-forming organs (D70-D77); Malignant neoplasms of lymphoid, haematopoietic and related tissue (C51-C56); Coagulation defects, purpura and other haemorrhagic conditions (D65-D69); Aplastic and other anaemias (D60-D64); Certain disorders involving the immune mechanism (D80-D89)	7,116	20%	\$163
456: Management Hematological 65+	3,345	9%	\$206
Aplastic and other anaemias (D60-D64); Malignant neoplasms of lymphoid, haematopoietic and related tissue behaviour (D37-D48)	3,174	9%	\$107
452: Management Hematological 0 < 6 years	2,590	7%	\$188
Other diseases of blood and blood-forming organs (D70-D77); Malignant neoplasms of lymphoid, haematopoietic and related tissue (C51-C56); Coagulation defects, purpura and other haemorrhagic conditions (D65-D69)	2,082: Mode of Service – Telephone		
Management Hematological 6 < 12 years			
Other diseases of blood and blood-forming organs (D70-D77); Malignant neoplasms of lymphoid, haematopoietic and related tissue (C51-C56); Coagulation defects, purpura and other haemorrhagic conditions (D65-D69)			

Top Five ACCS Groups Based on Activity for Intervention Related Visits

- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

		<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
41:	Minor Gyn Interventions	2,006	13%	\$408
	Excision partial, cervix NEC; Biopsy, cervix Inspection, bladder	1,519	10%	\$240
35.1:	Bladder & Urethral Interventions, Local Anaesthetic	1,360	9%	\$608
59.1:	Skin Interventions, Local Anaesthetic	1,278	8%	\$388
65:	Chemotherapy - Oncology	1,150	7%	\$595
28.2:	Endoscopy GI - Medium Biopsy, large intestine; Inspection, large intestine; Biopsy, stomach; Biopsy, esophagus			

MAC 17: Oncological Diseases and Disorders

	<u>Activity</u>	<u>(%)</u>
Intervention Related Visits	15,389	(41%)
Clinical Related Visits	21,757	(59%)
Total	37,146	

Top Five ACCS Groups Based on Activity for Clinical Related Visits

- includes at least 75 per cent of principal diagnoses within ACCS group

		<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
702:	Management Oncological	13,611	63%	\$186
	Neoplasms of uncertain or unknown behaviour (D37-D48); Malignant neoplasms of male genital organs (C60-C63); Persons encountering health services of specific procedures and health care (Z40-Z54); Malignant neoplasms of digestive organs (C15-C26); Malignant neoplasms of breast (C50);+++ Neoplasms of uncertain or unknown behaviour (D37-D48); Malignant neoplasms of ill-defined, secondary and unspecified sites (C76-C80); Malignant neoplasms of eye, brain and other parts of central nervous system (C69-C72)			
2082:	Mode of Service - Telephone	1,972	9%	\$123
2003:	Other Unit with Secondary Diagnosis	1,189	5%	\$402
701:	Diag Inv Oncological	1,089	5%	\$333
	Neoplasms of uncertain or unknown behaviour (D37-D48); Malignant neoplasms of respiratory and intrathoracic organs (C30-C39); Malignant neoplasms of ill-defined, secondary and unspecified sites (C76-C80); Malignant neoplasms of digestive organs (C15-C26); Malignant neoplasms of ill-defined, secondary and unspecified sites (C76-C80); Malignant neoplasms of male genital organs (C60-C63)			
1222:	Social Work Group 2	824	4%	\$104
	Neoplasms of uncertain or unknown behaviour (D37-D48)			

Top Five ACCS Groups Based on Activity for Intervention Related Visits

- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

	Activity	% of Partition	Average Cost
75: Hospital Visit Including CAT Scan Computerized tomography [CT] head NEC; Computerized tomography [CT]; brain total body; Computerized tomography [CT]; brain	340	37%	\$828
2: Spinal Specimen collection (diagnostic); spinal canal and meninges	322	35%	\$607
21: Vascular interventions 18 + years Implantation of internal device, vena cava (superior and inferior); implantation of internal device, artery NEC; Ventilation, respiratory system NEC	46	5%	\$1,001
28.2: Endoscopy GI - Medium Biopsy, stomach; Biopsy, small intestine; Biopsy, esophagus	43	5%	\$614
17: Respiratory Endoscopy - ENT Biopsy, bronchus; Inspection, larynx; Inspection, oropharynx; Inspection, bronchus	21	2%	\$319

Top Five ACCS Groups Based on Activity for Intervention Related Visits

- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

	Activity	% of Partition	Average Cost
75: Hospital Visit Including CAT Scan Computerized tomography [CT] head NEC; Computerized tomography [CT]; brain total body; Computerized tomography [CT]; brain	340	37%	\$828
2: Spinal Specimen collection (diagnostic); spinal canal and meninges	322	35%	\$607
21: Vascular interventions 18 + years Implantation of internal device, vena cava (superior and inferior); implantation of internal device, artery NEC; Ventilation, respiratory system NEC	46	5%	\$1,001
28.2: Endoscopy GI - Medium Biopsy, stomach; Biopsy, small intestine; Biopsy, esophagus	43	5%	\$614
17: Respiratory Endoscopy - ENT Biopsy, bronchus; Inspection, larynx; Inspection, oropharynx; Inspection, bronchus	21	2%	\$319

MAC 18: Systemic Infections Including HIV

Activity	% of Partition
Intervention Related Visits	(2%)
Clinical Related Visits	(98%)
Total	41,959

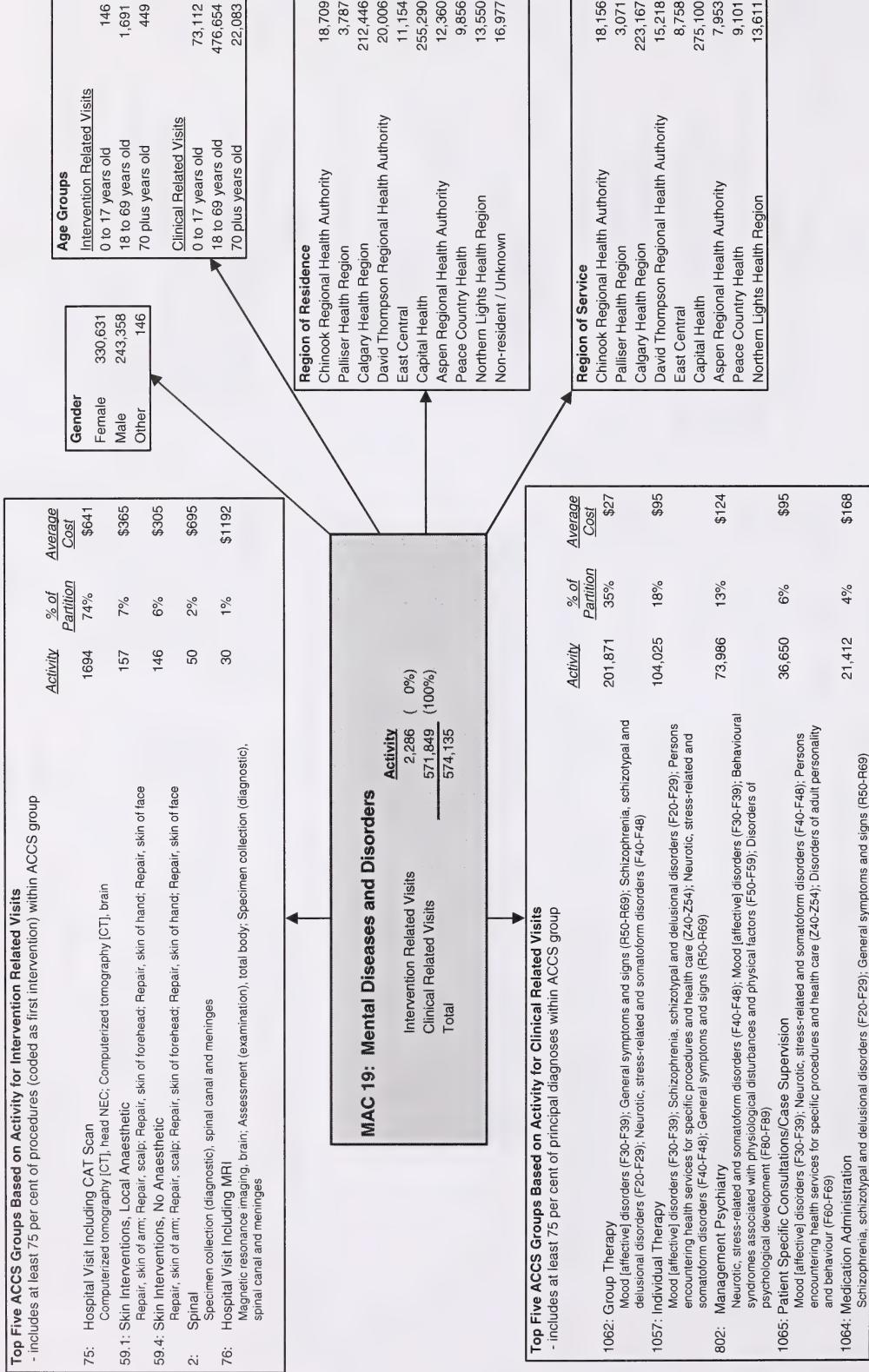
Age Groups	Intervention Related Visits	Clinical Related Visits
0 to 17 years old	235	
18 to 69 years old	528	
70 plus years old	167	
		21,358
0 to 17 years old		17,925
18 to 69 years old		17,925
70 plus years old		1,646

Top Five ACCS Groups Based on Activity for Clinical Related Visits

- includes at least 75 per cent of principal diagnoses within ACCS group

Region of Residence	Chinook Regional Health Authority	Palliser Health Region	Calgary Health Region	David Thompson Regional Health Authority	East Central	Capital Health	Aspen Regional Health Authority	Peace Country Health	Northern Lights Health Region	Non-resident / Unknown
	1,806									
	1,244									
	13,029									
	4,200									
	1,347									
	11,966									
	3,018									
	2,808									
	932									
	1,489									

Region of Service	Chinook Regional Health Authority	Palliser Health Region	Calgary Health Region	David Thompson Regional Health Authority	East Central	Capital Health	Aspen Regional Health Authority	Peace Country Health	Northern Lights Health Region
	1,710								
	1,049								
	14,307								
	4,086								
	1,234								
	13,113								
	2,656								
	2,752								
	952								



Top Five ACCS Groups Based on Activity for Intervention Related Visits

- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

	Activity	% of Partition	Average Cost
79: Other X-ray X-ray, spinal vertebrae; X-ray, knee joint; X-ray, joints of fingers and hand NEC; X-ray, foot; X-ray, shoulder joint; +++	181,647	33%	\$73
87: Discrete CAT Scan Computerized tomography [CT], head NEC; Computerized tomography [CT], abdominal cavity; Computerized tomography [CT], thoracic cavity; Computerized tomography [CT], spine vertebrae	83,419	15%	\$339
78: Chest X-ray, thoracic cavity NEC	75,552	14%	\$69
81: Ultrasound Ultrasound, abdominal cavity; Obstetrical ultrasound examinations; Ultrasound, vessels of the pelvis, perineum and gluteal region; Ultrasound, heart with coronary arteries	70,365	13%	\$339
88: Discrete MRI Magnetic resonance imaging [MRI], spinal vertebrae; Magnetic resonance imaging, brain; Magnetic resonance imaging [MRI], leg NEC; Magnetic resonance imaging [MRI], arm NEC	62,746	11%	\$531

Top Five ACCS Groups Based on Activity for Intervention Related Visits

- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

	Gender	% of Cost	Average Cost
79: Other X-ray X-ray, spinal vertebrae; X-ray, knee joint; X-ray, joints of fingers and hand NEC; X-ray, foot; X-ray, shoulder joint; +++	Blank	4	\$73
87: Discrete CAT Scan Computerized tomography [CT], head NEC; Computerized tomography [CT], abdominal cavity; Computerized tomography [CT], thoracic cavity; Computerized tomography [CT], spine vertebrae	Female	1,505,520	51,731
78: Chest X-ray, thoracic cavity NEC	Male	1,380,004	405,486
81: Ultrasound Ultrasound, abdominal cavity; Obstetrical ultrasound examinations; Ultrasound, vessels of the pelvis, perineum and gluteal region; Ultrasound, heart with coronary arteries	Other	43	100,383
88: Discrete MRI Magnetic resonance imaging [MRI], spinal vertebrae; Magnetic resonance imaging, brain; Magnetic resonance imaging [MRI], leg NEC; Magnetic resonance imaging [MRI], arm NEC			

MAC 20: Examination and Other Health Factors

Activity	Activity
Intervention Related Visits	557,800 (19%)
Clinical Related Visits	2,327,971 (81%)
Total	2,885,571

Top Five ACCS Groups Based on Activity for Clinical Related Visits

- includes at least 75 per cent of principal diagnoses within ACCS group

	Activity	% of Partition	Average Cost
1111: Physical Therapy Group 1 Persons encountering health services for specific procedures and health care (Z40-Z54)	310,020	13%	\$32
2082: Mode of Service – Telephone Persons encountering health services in other circumstances (Z70-Z76). Persons encountering health services for specific procedures and health care (Z40-Z54)	256,750	11%	\$49
1112: Physical Therapy Group 2 Persons encountering health services for specific procedures and health care (Z40-Z54)	254,733	11%	\$51
704: IV Therapy - Non Cancer Related Persons encountering health services for specific procedures and health care (Z40-Z54)	172,022	7%	\$137
1114: Physical Therapy Group 4 Persons encountering health services for specific procedures and health care (Z40-Z54)	132,345	6%	\$118

	Age Groups	Intervention Related Visits	Clinical Related Visits
79: Other X-ray X-ray, spinal vertebrae; X-ray, knee joint; X-ray, joints of fingers and hand NEC; X-ray, foot; X-ray, shoulder joint; +++	0 to 17 years old	51,731	647,237
87: Discrete CAT Scan Computerized tomography [CT], head NEC; Computerized tomography [CT], abdominal cavity; Computerized tomography [CT], thoracic cavity; Computerized tomography [CT], spine vertebrae	18 to 69 years old	405,486	1,311,595
78: Chest X-ray, thoracic cavity NEC	70 plus years old	100,383	369,138
81: Ultrasound Ultrasound, abdominal cavity; Obstetrical ultrasound examinations; Ultrasound, vessels of the pelvis, perineum and gluteal region; Ultrasound, heart with coronary arteries	0 to 17 years old	647,237	1,311,595
88: Discrete MRI Magnetic resonance imaging [MRI], spinal vertebrae; Magnetic resonance imaging, brain; Magnetic resonance imaging [MRI], leg NEC; Magnetic resonance imaging [MRI], arm NEC	18 to 69 years old	100,383	369,138
	70 plus years old		

	Region of Residence	Chinook Regional Health Authority	Calgary Health Region	David Thompson Regional Health Authority	East Central	Capital Health	Aspen Regional Health Authority	Peace Country Health	Northern Lights Health Region	Non-resident / Unknown
79: Other X-ray X-ray, spinal vertebrae; X-ray, knee joint; X-ray, joints of fingers and hand NEC; X-ray, foot; X-ray, shoulder joint; +++	163,764	106,815	690,814	293,904	126,000	1,006,957	245,575	117,576	63,630	70,536
87: Discrete CAT Scan Computerized tomography [CT], head NEC; Computerized tomography [CT], abdominal cavity; Computerized tomography [CT], thoracic cavity; Computerized tomography [CT], spine vertebrae	106,815	106,815	293,904	126,000	1,006,957	245,575	117,576	63,630	70,536	
78: Chest X-ray, thoracic cavity NEC	690,814	293,904	126,000	1,006,957	245,575					
81: Ultrasound Ultrasound, abdominal cavity; Obstetrical ultrasound examinations; Ultrasound, vessels of the pelvis, perineum and gluteal region; Ultrasound, heart with coronary arteries	293,904	126,000	1,006,957	245,575						
88: Discrete MRI Magnetic resonance imaging [MRI], spinal vertebrae; Magnetic resonance imaging, brain; Magnetic resonance imaging [MRI], leg NEC; Magnetic resonance imaging [MRI], arm NEC	126,000	1,006,957	245,575							

Top Five ACCS Groups Based on Activity for Intervention Related Visits

- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

	Activity	% of Partition	Average Cost
59.1: Skin Interventions, Local Anaesthetic Repair; skin of hand; Repair; skin of face; Repair; scalp; Repair, skin of forehead; Repair, skin of leg	40,422	38%	\$126
59.4: Skin Interventions, No Anaesthetic Repair; skin of hand; Repair; skin of face; Repair, skin of arm; +++	21,797	20%	\$120
75: Hospital Visit including CAT Scan Computerized tomography [CT] abdominal cavity; Computerized tomography [CT] brain; Computerized tomography [CT]; spinal vertebrae; Repair; scalp; +++	10,437	10%	\$884
48: Closed Reductions Reduction, radius and ulna; Reduction, shoulder joint; Reduction, wrist joint; Reduction, elbow joint; Reduction, metacarpal bones; +++	9,719	9%	\$357
8: External Eye Removal of foreign body, eye NEC; Removal of foreign body, cornea with sclera	8,717	8%	\$104

Top Five ACCS Groups Based on Activity for Intervention Related Visits

- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

	Activity	% of Partition	Average Cost
59.1: Skin Interventions, Local Anaesthetic Repair; skin of hand; Repair; skin of face; Repair; scalp; Repair, skin of forehead; Repair, skin of leg	40,422	38%	\$126
59.4: Skin Interventions, No Anaesthetic Repair; skin of hand; Repair; skin of face; Repair, skin of arm; +++	21,797	20%	\$120
75: Hospital Visit including CAT Scan Computerized tomography [CT] abdominal cavity; Computerized tomography [CT] brain; Computerized tomography [CT]; spinal vertebrae; Repair; scalp; +++	10,437	10%	\$884
48: Closed Reductions Reduction, radius and ulna; Reduction, shoulder joint; Reduction, wrist joint; Reduction, elbow joint; Reduction, metacarpal bones; +++	9,719	9%	\$357
8: External Eye Removal of foreign body, eye NEC; Removal of foreign body, cornea with sclera	8,717	8%	\$104

MAC 21: Trauma, Coma and Toxic Effects

Activity	(25%)
Intervention Related Visits	107,694
Clinical Related Visits	327,896
Total	435,580

Age Groups	Intervention Related Visits
Female	167,196
Male	268,378
Other	16
Clinical Related Visits	
0 to 17 years old	27,259
18 to 69 years old	73,881
70 plus years old	6,554

Region of Residence	Chinook Regional Health Authority	24,895
Palliser Health Region	15,843	
Calgary Health Region	98,198	
David Thompson Regional Health Authority	55,904	
East Central	17,165	
Capital Health	111,421	
Aspen Regional Health Authority	36,625	
Peace Country Health	39,489	
Northern Lights Health Region	13,060	
Non-resident / Unknown	22,990	

Top Five ACCS Groups Based on Activity for Clinical Related Visits

- includes at least 75 per cent of principal diagnoses within ACCS group

	Activity	% of Partition	Average Cost
1009: Sprains Injuries to the ankle and foot (S30-S39); Injuries to the neck (S10-S19); Injuries to the knee and lower leg (S50-S59)	68,717	21%	\$152
1005: Closed Fracture & Dislocations Other Injuries to the elbow and forearm (S50-S59); Injuries to the wrist and hand (S60-S69); Injuries to the knee and lower leg (S80-S89); Injuries to the shoulder and upper arm (S40-S49)	44,894	14%	\$181
1011: Contusions except Fingers / Toes Injuries to the head (S00-S09); Injuries to the wrist and hand (S60-S69); Injuries to the thorax (S20-S29); Injuries to the knee and lower leg (S80-S89); Injuries to the ankle and foot (S90-S99); Injuries to the neck and other parts of the body (S00-S09); Injuries to the shoulder and upper arm (S40-S49)	43,133	13%	\$152
1021: Minor Other Injuries Complications of surgical and medical care, not elsewhere classified (T80-T89); Injuries to the wrist and hand (S60-S69); Injuries to the shoulder and upper arm (S40-S49); Injuries to the knee and lower leg (S80-S89); Injuries to the ankle and foot (S90-S99); Injuries to the head (S00-S09); Injuries to the neck and other parts of the body (S00-S09); Injuries to the shoulder and upper arm (S40-S49)	34,359	10%	\$156
1007: Open Wounds without Complications Injuries to the wrist and hand (S60-S69); Injuries to the head (S00-S09); Injuries to the neck and other parts of the body (S00-S09); Injuries to the shoulder and upper arm (S40-S49)	27,838	8%	\$109

Top Five ACCS Groups Based on Activity for Intervention Related Visits

- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

	Activity	% of Partition	Average Cost
65: Chemotherapy - Oncology	16	26%	NA
Management of internal device, vena cava (superior and inferior); Pharmacotherapy, total body	9	15%	NA
75: Hospital Visit Including CT/ Scan	9	15%	NA
Computerized tomography (CT), abdominal cavity; Management of internal device, vena cava (superior and inferior)	1	2%	NA

59.1: Skin Interventions, Local Anaesthetic

Removal of foreign body, skin of hand; Repair, skin of hand; Destruction, skin of hand; Repair, skin of arm

59.4: Skin Interventions, No Anaesthetic

Removal of foreign body, skin of hand; Repair, skin of nose; Repair, lip

8: External Eye

Removal of foreign body, eye NEC

	Activity	% of Partition	Average Cost
Intervention Related Visits	16	26%	NA
Clinical Related Visits	9	15%	NA
Total	25	41%	NA

- includes at least 75 per cent of principal diagnoses within ACCS group

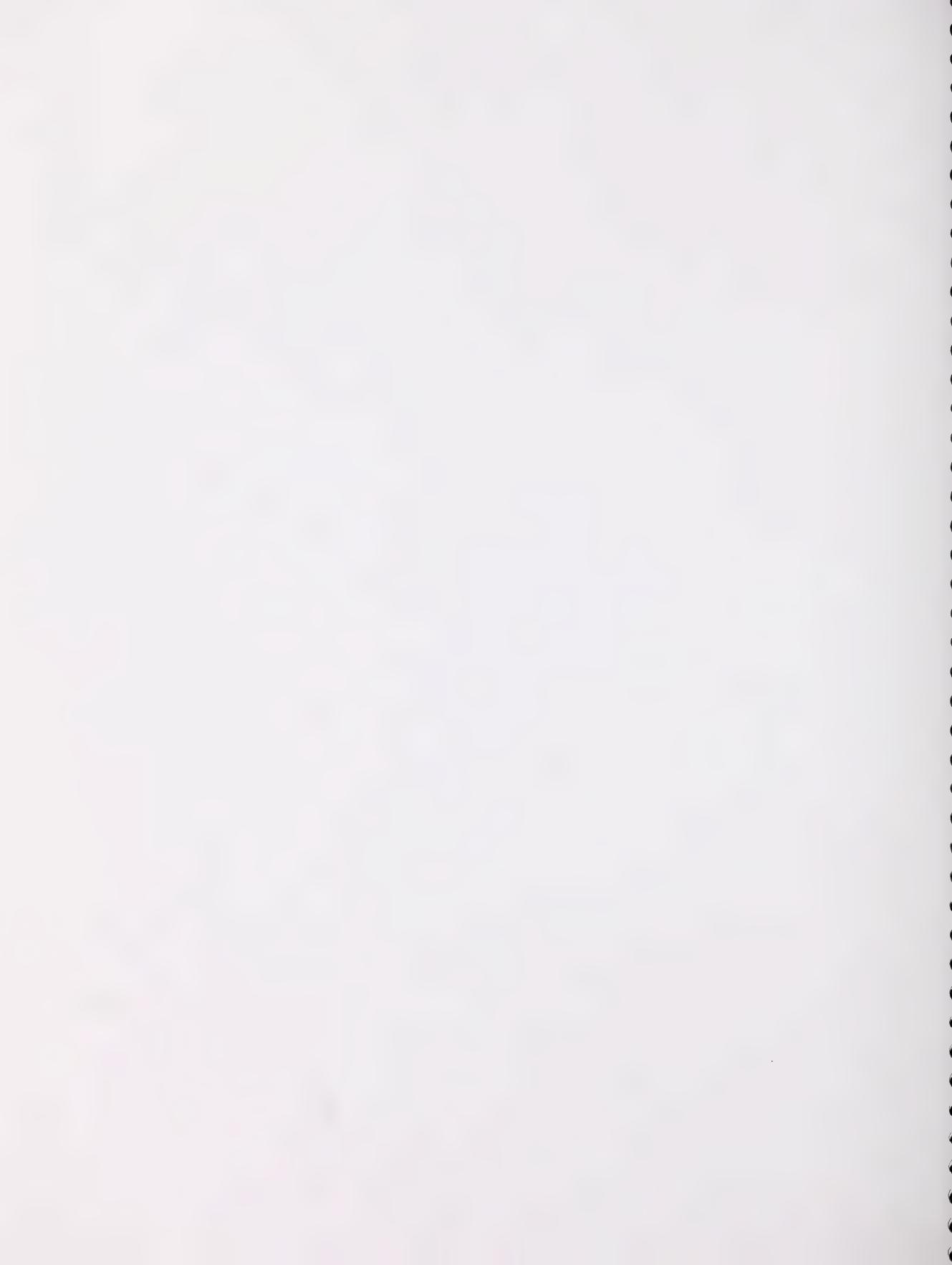
MAC 99: Ungroupables

	Activity	% of Partition	Average Cost
Intervention Related Visits	61 (5%)	NA	NA
Clinical Related Visits	1,203 (95%)	NA	NA
Total	1,264	NA	NA

	Gender	% of Partition	Average Cost	Age Groups
	Female	26%	NA	Intervention Related Visits
	Male	15%	NA	0 to 17 years old
	Undifferentiated	NA	NA	18 to 69 years old

	Gender	% of Partition	Average Cost	Age Groups
	Female	32%	NA	Intervention Related Visits
	Male	93%	NA	0 to 17 years old
	Undifferentiated	3%	NA	18 to 69 years old

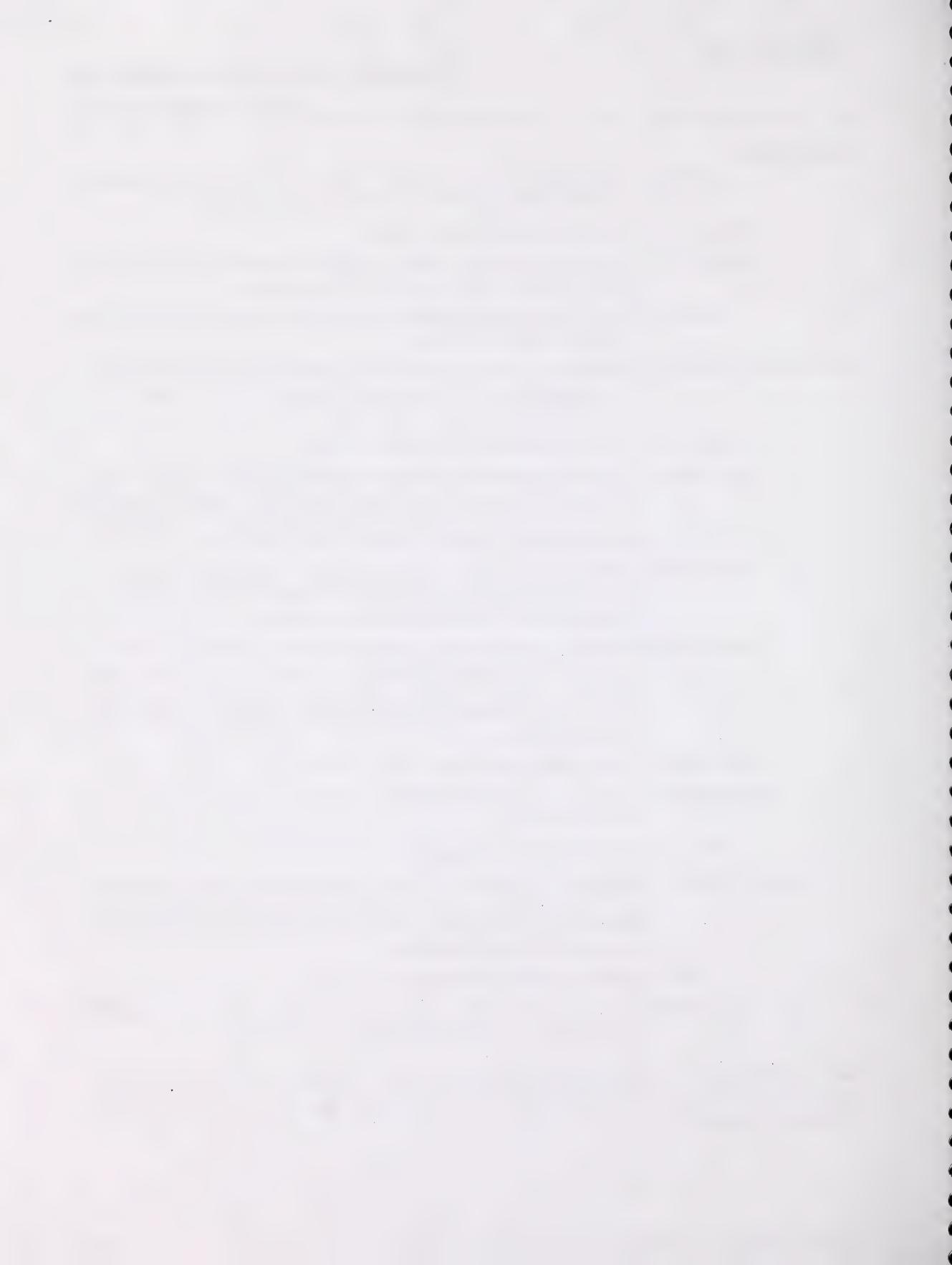
	Activity	% of Partition	Average Cost	Region of Service
999: Ungroupables	615	51%	\$227	Chinook Regional Health Authority
Gliomas (938-948), Myomatous neoplasms (869-892); Drugs, medicaments and biological substances causing adverse effects in therapeutic use (Y40-Y59); Miscellaneous tumours (935-937); Exposure to inanimate mechanical forces (W20-W49); +++				Palliser Health Region
2021: DOA				Calgary Health Region
Ill-defined and unknown causes of mortality (R95-R99)	334	28%	\$145	David Thompson Regional Health Authority
2082: Mode of Service – Telephone	98	8%	NA	East Central
Gliomas (938-948), Myomatous neoplasms (869-892)	26	2%	NA	Capital Health
2022: Died During Visit				Aspen Regional Health Authority
III-defined and unknown causes of mortality (R95-R99); Other disorders originating in the perinatal period (P90-P96)				Peace Country Health
2004: Other Unit without Secondary Diagnosis	25	2%	NA	Northern Lights Health Region
Myomatous neoplasms (869-892); Drugs, medicaments and biological substances causing adverse effects in therapeutic use (Y40-Y59); Gliomas (938-948)				NA – average cost data not available as no costs submitted for MAC / ACCS group combination

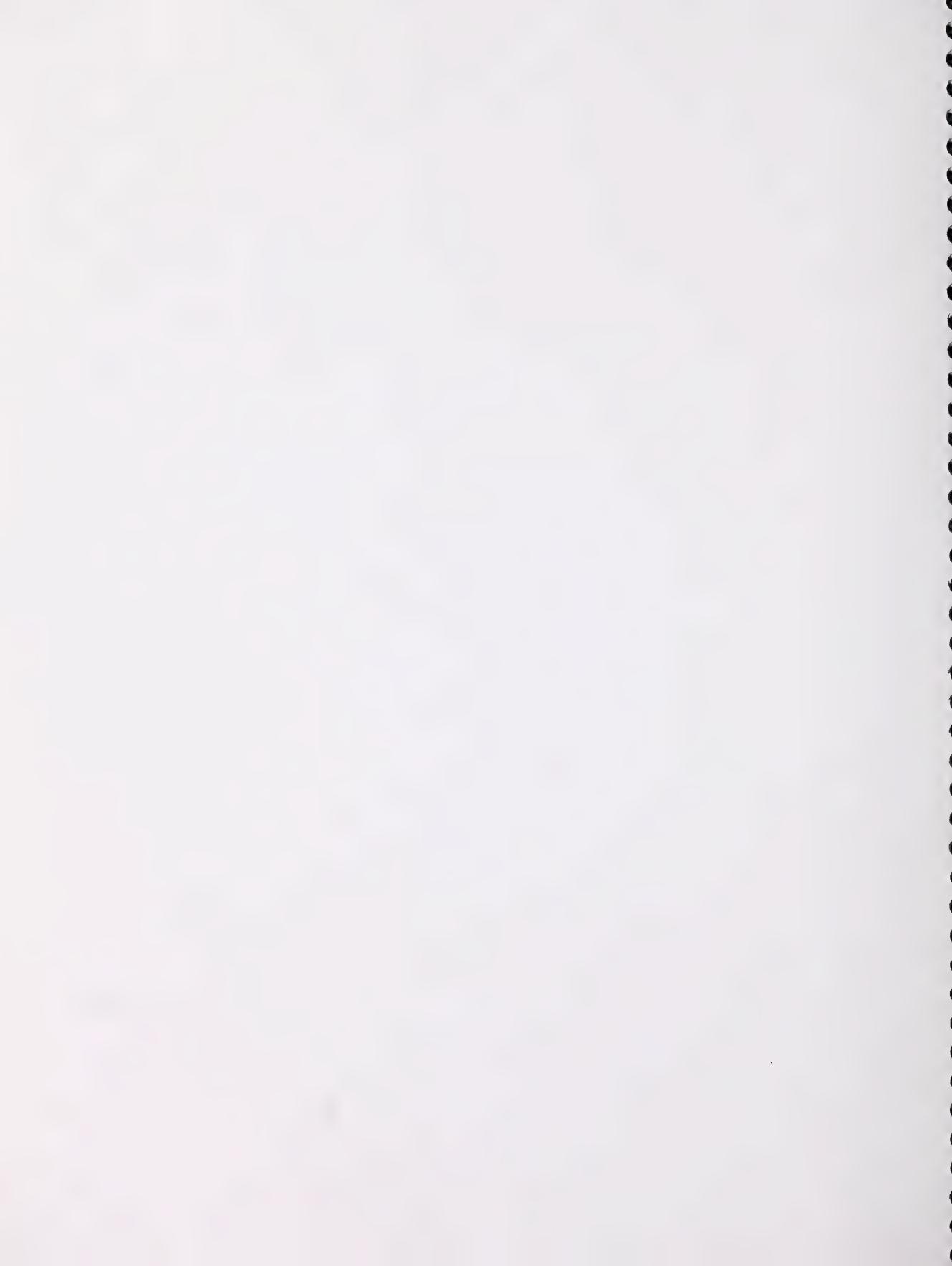


Definitions

- Activity** Total number of cases in Alberta in 2004/2005 reported by all facilities providing health services (schedules 3 and 6). See page 7.
- Average Cost** Average of the specified cost data.
- Average LOS** Average length of stay in days; the day of admission is counted but the day of separation is not counted in this calculation.
- Blended** Results based on cost records from 2003/2004 and 2004/2005, as well as top-up records. (see Note).
- Coefficient of Variation** Measures the spread of the cost data (based on the set of cost records), as a proportion of the average cost (mean). It is the ratio of the standard deviation divided by the mean.
- Cost per Day** Total costs divided by total length of stay.
- Costed Cases** Includes the number of cases that have been costed. The total number of cases costed for each Case Mix Group (CMG) may not equal the sum of cases costed for each complexity level due to different trim point calculations for CMGs and Plx groups (CMG code + Plx level).
- Direct Cost** Includes all costs directly incurred by the department providing the service to the patient. This typically includes health provider costs, direct supervision, supplies, and equipment costs.
- Indirect Cost** Includes costs incurred by departments not providing services to patients. This includes administrative services such as finance, human resources, IT, and support services such as plant, costs, material management, housekeeping, admitting and registration, health records and food services.
- Low Volume** Cells that have five or fewer costed cases.
- Manual Top-Up** A proxy case used to provide an estimated or derived cost when no cases were costed.
- Plx Level** Complexity level (see page 10).
- Standard Deviation** Measures the variability or distribution of the cost data (based on the set of cost records). It is calculated from the deviations (differences) between each data value and the mean. The more disperse the data is, the larger the standard deviation.
- SWRV** System wide relative value (see Appendix).
- Trim Point** The length of stay (LOS) value used to exclude some cost records from the calculations, as they are considered to be atypical.

Note: 2003/2004 results reported on Schedules 2 and 5 are based only on that year's cost data appropriately inflated as indicated on page 5. 2004/2005 results are based on actual 2004/2005 cost records submitted.





Schedule 1 – Inpatient Cost Results

CMG	Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Cost per Day	Costed Cases
001	PWS - Craniotomy Procedures		7.3	12,642	2,736	15,379	2,109	2,095	
001		Px1	6.1	10,395	2,309	12,704	2,075	1,655	
001		Px2	10.3	16,344	3,530	19,874	1,927	193	
001		Px3	13.7	21,275	4,559	25,834	1,880	124	
001		Px4	26.4	47,978	9,696	57,674	2,183	228	
003	PWS - Spinal Procedures		5.9	8,477	2,196	10,673	1,814	272	
003		Px1	5.0	7,186	1,925	9,112	1,809	224	
003		Px2	11.6	12,848	3,338	16,186	1,390	28	
003		Px3	12.1	11,762	4,298	22,060	1,821	18	
003		Px4	26.4	35,391	8,172	43,562	1,649	19	
004	PWS - Extracranial Vascular Procedures		3.3	5,454	1,510	6,964	2,082	595	
004		Px1	2.8	4,859	1,389	6,248	2,201	521	
004		Px2	9.9	12,073	2,914	14,987	1,516	35	
004		Px3	8.8	11,979	2,669	14,588	1,651	24	
004		Px4	16.4	25,198	5,261	30,458	1,858	23	
005	PWS - Ventricular Shunt Revision		3.0	5,099	1,108	6,207	2,091	161	
005		Px1	2.9	5,017	1,087	6,105	2,135	150	
005		Px2	7.1	9,313	1,917	11,230	1,579	9	
005		Px3	3.4	5,518	1,370	6,887	2,026	5	
005		Px4							
006	Carpal Tunnel Release And Specified Nervous System Procedures		2.7	4,606	1,292	5,898	2,165	167	
006		Px1	2.5	4,443	1,233	5,676	2,314	157	
006		Px2	5.2	5,128	1,334	6,462	1,243	5	
006		Px3	20.4	15,547	4,125	19,673	964	5	
006		Px4	32.0	54,591	10,318	64,909	2,028	8	
007	Peripheral, Cranial Nerve And Other Neurological Procedures		13.9	17,377	3,950	21,327	1,534	74	
007		Px1	6.7	9,319	2,255	11,574	1,738	44	
007		Px2	16.5	16,306	3,450	19,756	1,197	6	
007		Px3	17.0	22,541	5,731	28,272	1,663	3	
007		Px4	27.9	36,873	8,299	45,172	1,619	21	

Schedule 1 – Inpatient Cost Results

CMIG Code Description	Complexity Level	Average LOS		Average Cost		Average Cost		Cost per Day		Costed Cases	
		Direct Cost	Indirect Cost	Cost	Cost	Cost	Cost	Cost	Cost	Cases	Cases
010 Neoplasm Of Nervous System		10.2	6,618	1,690	8,308	816	816	816	816	502	
010	Ph1	8.1	5,182	1,306	6,489	797	797	797	797	344	
010	Ph2	13.2	7,545	2,045	9,590	726	726	726	726	92	
010	Ph3	16.1	12,573	3,201	15,774	978	978	978	978	45	
010	Ph4	19.1	18,416	4,559	22,975	1,203	1,203	1,203	1,203	19	
011 Degenerative Nervous Disorders		16.9	9,733	2,655	12,388	733	733	733	733	307	
011	Ph1	13.5	7,136	1,965	9,101	675	675	675	675	226	
011	Ph2	29.3	15,123	4,497	19,620	670	670	670	670	33	
011	Ph3	23.9	15,435	4,051	19,486	814	814	814	814	31	
011	Ph4	41.1	28,833	7,814	36,647	891	891	891	891	22	
012 Multiple Sclerosis And Cerebellar Disorders		8.5	5,348	1,384	6,732	790	790	790	790	217	
012	Ph1	7.3	4,489	1,140	5,629	776	776	776	776	187	
012	Ph2	20.8	12,650	3,526	16,177	776	776	776	776	19	
012	Ph3	32.9	15,927	5,176	21,103	641	641	641	641	13	
012	Ph4	34.2	21,936	6,597	28,533	834	834	834	834	5	
013 Specific Cerebrovascular Disorders Except Transient Ischemic Attacks		8.9	6,869	1,655	8,524	962	962	962	962	3,310	
013	Ph1	6.4	4,944	1,151	6,095	957	957	957	957	2,437	
013	Ph2	17.4	11,259	3,000	14,258	818	818	818	818	381	
013	Ph3	16.8	12,779	3,264	16,042	955	955	955	955	262	
013	Ph4	23.7	21,144	5,208	26,352	1,113	1,113	1,113	1,113	267	
014 Transient Ischemic Attacks And Precerebral Occlusions		3.7	3,252	701	3,953	1,056	1,056	1,056	1,056	1,112	
014	Ph1	3.4	2,930	622	3,551	1,059	1,059	1,059	1,059	1,010	
014	Ph2	9.2	6,367	1,605	7,972	863	863	863	863	67	
014	Ph3	13.4	11,122	2,712	13,833	1,032	1,032	1,032	1,032	39	
014	Ph4	22.1	17,567	4,373	21,940	993	993	993	993	20	
015 Nonspecific Cerebrovascular Disorders		6.3	5,456	1,244	6,699	1,058	1,058	1,058	1,058	156	
015	Ph1	5.0	4,017	937	4,954	984	984	984	984	118	
015	Ph2	9.1	6,560	1,544	8,104	894	894	894	894	16	
015	Ph3	6.5	6,428	1,472	7,900	1,207	1,207	1,207	1,207	11	
015	Ph4	24.3	21,149	4,938	26,087	1,076	1,076	1,076	1,076	12	

Schedule 1 - Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
017 Cranial And Peripheral Nerve Diseases								
017		Px1	7.8	4,992	1,265	6,257	806	336
		Px2	6.5	4,151	1,043	5,193	803	270
017		Px3	13.9	7,826	2,154	9,980	717	28
017		Px4	12.7	7,730	1,963	9,693	766	26
017		Px4	45.1	35,898	8,505	44,403	984	18
018 Viral Meningitis								
018		Px1	2.9	1,732	513	2,245	773	189
		Px2	2.8	1,695	506	2,202	773	184
018		Px3	8.0	6,244	1,340	7,583	948	5
018		Px4	6.8	3,769	1,037	4,805	707	5
018		Px4	5.0	2,403	676	3,078	616	1
019 Infection Except Viral Meningitis								
019		Px1	7.1	6,510	1,543	8,053	1,135	354
		Px2	5.5	4,271	1,038	5,309	969	262
019		Px3	8.8	9,119	2,209	11,328	1,281	32
019		Px4	13.6	11,663	3,003	14,666	1,082	27
019		Px4	20.3	24,200	5,308	29,508	1,453	36
020 Hypertensive Encephalopathy								
020		Px1	9.9	10,919	2,907	13,826	1,393	14
		Px2	4.4	3,366	805	4,170	953	8
020		Px3	15.0	14,641	4,615	19,256	1,284	3
020		Px4	19.0	29,315	6,552	35,866	1,888	2
021 Non-Traumatic Stupor And Coma								
021		Px1	5.2	4,286	1,061	5,348	1,025	166
		Px2	4.5	3,545	900	4,445	989	109
021		Px3	6.7	4,487	1,166	5,653	846	28
021		Px4	7.9	6,636	1,668	8,304	1,046	17
021		Px4	6.9	9,517	2,005	11,522	1,663	14
022	Seizure And Headache	Px1	3.2	2,743	656	3,399	1,048	2,174
022		Px2	3.1	2,575	617	3,192	1,019	1,988
022		Px3	6.7	5,808	1,405	7,212	1,077	116
022		Px4	6.9	6,496	1,611	8,107	1,169	95
022		Px4	13.5	19,761	4,256	24,017	1,780	55

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Compliance Level	Average LOS	Average Cost	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
028	Other Nervous System Diagnoses		7.7	5,881	1,510	7,391	962	831
028		Px1	6.1	3,819	997	4,816	784	594
028		Px2	10.9	6,981	1,860	8,841	808	87
028		Px3	11.4	9,237	2,597	11,834	1,037	51
028		Px4	11.1	17,107	4,030	21,137	1,899	86
040	Tracheostomy And Gastrostomy Procedures		48.6	64,976	15,111	80,087	1,648	500
040		Px1	31.9	25,325	6,628	31,954	1,002	81
040		Px2	30.2	26,666	6,285	32,951	1,090	13
040		Px3	38.0	31,544	8,246	39,790	1,046	62
040		Px4	55.2	83,211	18,946	102,157	1,851	343
050	Orbital Procedures		1.3	1,713	588	2,301	1,706	689
050		Px1	1.3	1,709	587	2,296	1,708	682
050		Px2	5.9	4,843	1,866	6,709	1,137	10
050		Px3	5.4	4,666	1,914	6,580	1,218	5
050		Px4	9.6	17,763	4,267	22,030	2,295	5
051	Other Intraocular Procedures		1.4	1,814	633	2,447	1,738	206
051		Px1	1.4	1,811	634	2,445	1,739	202
051		Px2	3.4	3,162	1,145	4,307	1,256	7
051		Px3						
051		Px4						
052	Retinal Procedures		1.0	1,578	508	2,086	2,086	2,258
052		Px1	1.0	1,579	508	2,086	2,086	2,251
052		Px2	2.2	2,178	784	2,962	1,333	9
052		Px3	1.6	2,487	713	3,200	2,000	5
052		Px4	9.0	13,763	2,746	16,509	1,834	1
053	Iris And Lens Procedures		1.5	2,067	605	2,672	1,754	21
053		Px1	1.5	2,067	605	2,672	1,754	21
053		Px2						
053		Px3	7.0	6,523	3,051	9,574	1,368	1
053		Px4						

Schedule 1 – Inpatient Cost Results

CMG	Code Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Cost/Costed Cases
054	Extraocular Procedures						
054	Px1	1.2	1,588	572	2,161	1,801	55
054	Px1	1.0	1,573	543	2,116	2,116	47
054	Px2	5.0	7,932	3,220	11,152	2,230	1
054	Px3	17.0	13,838	3,625	17,463	1,027	2
054	Px4	13.0	20,308	8,555	28,863	2,220	1
055	Lens Insertion (MNRH)						
055	Px1	1.0	2,454	620	3,074	3,074	381
055	Px2	1.3	2,251	656	2,907	2,180	3
055	Px3	1.0	2,121	628	2,749	2,749	3
055	Px4						
057	Other Ophthalmic Procedures (MNRH)						
057	Px1	1.0	1,260	390	1,649	1,649	99
057	Px1	1.0	1,247	389	1,635	1,635	98
057	Px2	1.7	2,136	577	2,713	1,628	3
057	Px3	3.0	2,200	698	2,898	966	2
057	Px4						
060	Major Eye Infections						
060	Px1	4.6	3,640	1,329	4,970	1,075	114
060	Px1	4.4	3,427	1,307	4,734	1,068	106
060	Px2	6.6	5,683	1,462	7,145	1,083	5
060	Px3	23.2	13,236	3,414	16,650	718	5
060	Px4						
062	Hyphema						
062	Px1	3.0	1,698	587	2,285	762	8
062	Px2						
062	Px3						
062	Px4						
063	Other Ophthalmic Diagnoses (MNRH)						
063	Px1	2.8	2,467	646	3,113	1,118	218
063	Px1	2.7	2,340	620	2,960	1,111	203
063	Px2	8.6	6,176	1,702	7,878	913	16
063	Px3	6.2	6,127	1,895	8,022	1,294	5
063	Px4	10.3	17,146	3,711	20,857	2,035	4

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Cost	Indirect Cost	Average Cost	Cost per Day	Costed Cases
075	PWS - Radical Laryngectomy And Glossectomy	Ph1	18.3	32,333	9,095	41,428	2,259	151
075		Ph2	15.2	27,488	7,938	35,426	2,329	94
075		Ph3	24.1	38,697	10,843	49,539	2,058	15
075		Ph4	27.6	40,463	11,496	51,959	1,885	16
075		Ph5	28.5	48,504	12,831	61,335	2,152	32
076	PWS - Major Head And Neck Procedures	Ph1	6.8	11,812	3,130	14,943	2,182	339
076		Ph2	4.4	7,318	2,108	9,427	2,133	267
076		Ph3	12.7	19,424	5,449	24,873	1,955	18
076		Ph4	13.8	23,241	5,629	28,870	2,100	16
076		Ph5	21.5	44,048	9,974	54,022	2,516	36
077	Less Extensive Head And Neck Procedures	Ph1	1.5	2,378	817	3,195	2,107	399
077		Ph2	1.5	2,336	808	3,143	2,114	392
077		Ph3	9.1	10,111	2,963	13,074	1,430	7
077		Ph4	5.0	6,966	1,717	8,683	1,737	5
077		Ph5	12.0	19,338	4,346	23,684	1,974	8
078	Cleft Lip And Palate Repair	Ph1	1.7	3,625	1,063	4,688	2,757	217
078		Ph2	1.7	3,566	1,045	4,611	2,716	215
078		Ph3	3.0	10,013	2,564	12,577	4,192	5
078		Ph4						
081	Salivary Gland Procedures	Ph1	1.4	2,939	957	3,895	2,831	290
081		Ph2	1.4	2,937	955	3,892	2,826	289
081		Ph3	3.5	6,025	1,860	7,885	2,253	2
081		Ph4						
082	Minor Ear, Nose And Throat Procedures	Ph1	1.4	1,955	614	2,569	1,803	80
082		Ph2	8.5	4,172	1,324	5,496	647	2
082		Ph3	23.0	18,407	4,684	23,091	1,004	1
082		Ph4	10.0	18,221	5,317	23,538	2,354	2

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Cost per Day	Costed Cases
083 Reconstructive ENT Procedures							
083		Px1	2.3	4,707	1,583	6,290	2,791
083		Px2	2.2	4,686	1,582	6,267	2,798
083		Px3	3.5	7,460	1,862	9,321	2,663
083		Px4	6.0	11,769	2,544	14,313	2,385
083			7.5	17,188	4,986	22,174	2,957
084 Miscellaneous Ear, Nose And Throat Procedures							
084		Px1	2.9	3,527	1,000	4,527	1,578
084		Px2	10.5	10,504	2,568	13,072	1,245
084		Px3	11.2	8,849	2,457	11,305	1,009
084		Px4	12.4	23,466	5,564	29,029	2,341
085	Mastoid Procedures						
085		Px1	1.2	8,887	995	9,882	8,009
085		Px2	1.0	6,165	946	7,111	7,111
085		Px3	2.4	13,829	1,196	15,025	6,187
085		Px4	8.2	30,013	2,721	32,734	3,992
086	Other Tonsillar Procedures						
086		Px1	2.2	2,457	687	3,144	1,406
086		Px2	2.2	2,456	677	3,133	1,404
086		Px3	1.0	1,261	315	1,575	1,575
086		Px4	1.0	1,478	348	1,826	1,826
087	Sinus Procedures						
087		Px1	7.7	12,336	2,724	15,060	1,964
087		Px2	1.0	1,830	657	2,487	2,487
087		Px3	1.0	1,836	657	2,493	2,493
087		Px4	1.0	1,646	680	2,326	2,326
088	Ethmoidectomy (MNRH)						
088		Px1	1.0	1,645	679	2,324	2,324
088		Px2	2.0	2,409	1,126	3,535	1,767
088		Px3	2.3	2,921	1,270	4,192	1,796
088		Px4					

Schedule 1 – Inpatient Cost Results

CMS Code	Description	Complexity Level	Average Loss	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
089	Dental Extraction Or Restoration (MNRH)	Pix1	1.3	1,893	634	2,527	1,873
089		Pix2	1.3	1,869	629	2,498	1,882
089		Pix3	3.1	3,076	962	4,038	1,292
089		Pix4	1.7	3,694	946	4,639	2,784
089		Pix4	19.0	13,652	3,082	16,734	881
090	External And Middle Ear Procedures (MNRH)	Pix1	1.0	1,649	655	2,304	2,304
090		Pix2	1.0	1,645	656	2,300	2,300
090		Pix3	10.0	5,614	1,976	7,590	759
090		Pix3	2.0	5,173	1,210	6,383	3,192
090		Pix4					2
091	Nasal Procedures (MNRH)	Pix1	1.0	1,413	561	1,973	1,973
091		Pix2	1.0	1,415	561	1,976	1,976
091		Pix3	4.0	9,293	2,435	11,728	2,932
091		Pix4					4
092	Myringotomy (MNRH)	Pix1	1.5	1,918	476	2,394	1,562
092		Pix2	1.5	1,806	445	2,252	1,539
092		Pix3	4.5	3,830	1,054	4,884	1,085
092		Pix3	2.8	3,995	1,030	5,025	1,795
092		Pix4					5
093	Tonsillectomy And Adenoidectomy Procedures (MNRH)	Pix1	1.0	1,551	443	1,995	1,995
093		Pix2	1.0	1,543	442	1,985	1,985
093		Pix3	5.6	8,855	2,082	10,938	1,948
093		Pix3	1.3	3,081	697	3,777	3,022
093		Pix4	9.0	25,791	5,098	30,889	3,432
093		Pix4	10.7	8,118	2,076	10,195	952
100	ENT Malignancy	Pix1	6.7	5,235	1,410	6,646	998
100		Pix2	14.4	9,351	2,493	11,845	825
100		Pix3	21.9	14,386	3,511	17,897	817
100		Pix4	19.4	27,831	5,741	33,571	1,730
100		Pix4					5

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
101	Acute Suppurative Infections						
101		Px1	2.8	2,206	650	2,856	1,010
101		Px2	2.8	2,206	650	2,856	1,010
101		Px3	3.0	1,697	546	2,244	748
101		Px4					1
102	Disequilibrium						
102		Px1	3.3	1,881	500	2,381	730
102		Px2	6.0	3,271	872	4,143	696
102		Px3	8.0	4,491	1,200	5,691	711
102		Px4	8.5	4,341	1,166	5,507	648
104	Influenza						
104		Px1	3.1	2,547	724	3,271	1,040
104		Px2	4.6	4,248	1,076	5,324	1,157
104		Px3	6.1	4,405	1,130	5,536	907
104		Px4	21.7	27,756	6,876	34,632	1,595
107	Epididymitis						
107		Px1	2.9	3,365	769	4,133	1,450
107		Px2	2.0	3,765	914	4,679	2,340
107		Px3	3.5	6,854	1,468	8,322	2,378
107		Px4	8.0	13,243	2,904	16,147	2,018
108	Epistaxis						
108		Px1	3.2	1,926	566	2,493	767
108		Px2	3.1	1,812	538	2,349	758
108		Px3	4.1	2,669	751	3,420	834
108		Px4	10.3	6,272	1,681	7,953	773
108		Px4	8.4	5,208	1,281	6,489	772
109	Other ENT Infections						
109		Px1	3.3	2,398	712	3,110	936
109		Px2	3.2	2,226	679	2,904	911
109		Px3	4.6	4,188	1,009	5,197	1,141
109		Px4	4.7	3,833	1,053	4,885	1,047
109		Px4	14.0	14,864	3,703	18,567	1,326
109		Px4					4

Schedule 1 – Inpatient Cost Results

CHG Code Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Gases
113 Sinusitis (MNRH)		2.8	2,092	674	2,766	988	70
113	Pb1	2.5	1,929	638	2,567	1,040	62
113	Pb2	6.7	3,670	1,061	4,731	705	7
113	Pb3	4.0	3,309	932	4,241	1,060	1
113	Pb4	6.5	4,255	1,459	5,714	879	2
114 Sore Throat (MNRH)		2.5	1,795	533	2,328	945	320
114	Pb1	2.4	1,748	508	2,256	932	308
114	Pb2	3.0	2,470	1,144	3,614	1,205	9
114	Pb3	4.4	4,751	1,148	5,899	1,341	5
114	Pb4	8.0	9,078	1,590	10,669	1,334	1
115 Miscellaneous ENT Diagnoses (MNRH)		1.0	1,370	391	1,760	1,760	197
115	Pb1	1.0	1,341	382	1,723	1,723	181
115	Pb2	7.6	6,579	1,610	8,189	1,084	45
115	Pb3	6.5	6,118	1,599	7,717	1,180	24
115	Pb4	13.4	16,080	3,429	19,508	1,461	14
116 Croup (MNRH)		1.4	1,400	439	1,839	1,272	267
116	Pb1	1.4	1,380	434	1,815	1,263	263
116	Pb2	1.8	2,385	601	2,986	1,659	5
116	Pb3	3.7	5,422	1,178	6,600	1,800	3
116	Pb4	10.3	25,618	4,894	30,512	2,977	4
125 Tracheostomy		49.5	95,357	21,087	116,444	2,351	283
125	Pb1	8.2	10,165	2,428	12,593	1,537	21
125	Pb2	12.0	15,431	4,428	19,860	1,655	3
125	Pb3	19.6	40,276	8,649	48,924	2,493	8
125	Pb4	54.1	104,508	23,101	127,609	2,361	253
126 PWS - Resection Of Lung		7.2	9,098	2,460	11,558	1,612	809
126	Pb1	6.4	8,033	2,232	10,265	1,604	591
126	Pb2	9.5	10,793	2,863	13,656	1,443	139
126	Pb3	12.1	13,947	3,571	17,518	1,451	68
126	Pb4	16.4	24,483	5,590	30,073	1,834	38

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
127	Major Respiratory Procedures		10.7	11,110	2,725	13,835	1,290
127	Px1	7.9	7,206	1,916	9,121	1,150	513
127	Px2	13.1	10,356	2,714	13,070	997	141
127	Px3	14.9	12,701	3,272	15,973	1,074	91
127	Px4	19.2	34,387	6,994	41,381	2,155	114
128	Minor Respiratory Procedures		5.5	6,444	1,572	8,016	1,468
128	Px1	4.5	5,652	1,384	7,036	1,559	105
128	Px2	6.5	6,513	1,784	8,297	1,282	17
128	Px3	10.3	9,713	2,338	12,051	1,169	13
128	Px4	27.8	54,702	12,217	66,949	2,409	18
129	Other Respiratory Procedures		3.2	3,655	914	4,569	1,434
129	Px1	1.4	2,548	618	3,166	2,292	236
129	Px2	11.0	7,415	1,979	9,394	856	37
129	Px3	16.4	9,152	2,617	11,769	718	15
129	Px4	18.8	19,793	5,073	24,866	1,324	14
135	Tuberculosis		18.5	9,759	2,605	12,363	668
135	Px1	16.1	8,154	2,204	10,358	645	53
135	Px2	20.7	10,964	2,825	13,789	667	9
135	Px3	21.5	13,427	3,262	16,689	776	6
135	Px4	37.8	21,008	6,071	27,079	716	5
136	Respiratory Failure		9.5	11,517	2,656	14,173	1,487
136	Px1	7.2	6,608	1,625	8,233	1,146	236
136	Px2	7.7	7,379	1,823	9,202	1,195	123
136	Px3	10.6	9,949	2,445	12,393	1,172	113
136	Px4	14.6	23,290	5,098	28,388	1,942	210
137	Respiratory Infections And Inflammations		9.4	8,217	2,120	10,337	1,100
137	Px1	7.7	5,546	1,511	7,057	921	682
137	Px2	10.9	7,960	2,159	10,118	932	215
137	Px3	12.0	9,724	2,555	12,279	1,022	190
137	Px4	16.6	20,289	4,846	25,135	1,516	200

Schedule 1 – Inpatient Cost Results

CHF Code Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Amalg. Cost	Cost per Day	Cost per Case
138 Respiratory Neoplasms		10.8	6,569	1,824	8,392	778	1,312
138	Pk1	8.2	4,919	1,371	6,290	767	613
138	Pk2	12.7	7,252	2,053	9,305	735	394
138	Pk3	12.7	7,804	2,210	10,014	786	192
138	Pk4	17.6	12,358	3,190	15,548	885	120
139 Interstitial Disease		8.6	5,952	1,584	7,536	879	289
139	Pk1	6.4	3,846	1,039	4,885	763	184
139	Pk2	13.3	7,689	2,145	9,835	737	35
139	Pk3	11.8	7,662	2,099	9,761	826	39
139	Pk4	25.0	22,818	5,821	28,639	1,146	38
140 Chronic Obstructive Pulmonary Disease (COPD)		8.5	5,264	1,493	6,757	791	2,431
140	Pk1	6.6	3,456	1,004	4,460	672	1,386
140	Pk2	10.7	5,717	1,702	7,419	691	398
140	Pk3	10.7	6,718	1,925	8,642	808	359
140	Pk4	17.2	14,402	3,912	18,314	1,064	341
141 Pulmonary Edema		7.3	10,123	2,219	12,342	1,692	198
141	Pk1	4.4	3,634	938	4,572	1,042	103
141	Pk2	7.7	5,111	1,370	6,481	842	26
141	Pk3	9.6	8,177	1,996	10,173	1,055	25
141	Pk4	16.0	32,861	6,492	39,353	2,457	51
142 Chronic Bronchitis		6.9	4,059	1,132	5,191	755	3,228
142	Pk1	5.8	3,043	878	3,921	680	2,357
142	Pk2	9.4	5,269	1,504	6,774	722	364
142	Pk3	10.0	6,886	1,833	8,719	872	337
142	Pk4	15.8	14,085	3,935	17,719	1,124	183
143 Simple Pneumonia And Pleurisy		6.0	4,226	1,160	5,386	892	5,337
143	Pk1	4.7	2,930	853	3,782	810	3,750
143	Pk2	9.3	5,600	1,582	7,181	775	747
143	Pk3	9.6	7,107	1,552	8,959	930	503
143	Pk4	14.0	16,709	3,907	20,616	1,477	355

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
				Cost	Cost	Cost	Cases	
144	Pneumothorax		4.6	2,896	844	3,740	801	344
144		Ptx1	4.2	2,586	725	3,311	787	317
144		Ptx2	9.8	6,186	1,857	8,044	817	19
144		Ptx3	13.0	9,954	2,496	12,451	958	8
144		Ptx4	16.8	17,751	4,879	22,631	1,351	4
145	Tracheobronchitis		3.2	2,804	859	3,663	1,156	1,513
145		Ptx1	3.1	2,696	841	3,537	1,146	1,438
145		Ptx2	6.5	5,705	1,409	7,115	1,097	60
145		Ptx3	8.3	8,920	2,141	11,061	1,326	41
145		Ptx4	14.5	41,839	7,783	49,622	3,422	48
146	Asthma		2.4	1,977	593	2,570	1,074	2,316
146		Ptx1	2.4	1,899	581	2,480	1,053	2,244
146		Ptx2	5.3	4,754	1,182	5,937	1,121	54
146		Ptx3	6.0	7,986	1,630	9,616	1,603	42
146		Ptx4	9.8	24,496	4,450	28,946	2,960	18
147	Other Respiratory Diagnoses		4.3	3,713	941	4,654	1,086	1,285
147		Ptx1	3.5	2,796	737	3,533	1,015	1,000
147		Ptx2	5.8	4,555	1,172	5,727	985	125
147		Ptx3	8.8	7,057	1,817	8,874	1,006	101
147		Ptx4	14.0	20,914	4,427	25,341	1,812	86
175	PWS - Heart Or Lung Transplant		36.3	76,440	17,279	93,719	2,580	98
175		Ptx1	15.7	37,245	8,938	46,183	2,943	13
175		Ptx2	17.5	39,878	9,458	49,336	2,825	15
175		Ptx3	10.9	34,029	8,358	42,388	3,904	7
175		Ptx4	48.7	102,880	23,065	125,945	2,586	60
176	PWS - Cardiac Valve Replacement With Heart Pump With Cardiac Cath		24.9	40,197	7,613	47,810	1,922	138
176		Ptx1	18.1	26,069	5,104	31,174	1,727	38
176		Ptx2	23.1	30,361	6,163	36,524	1,582	24
176		Ptx3	28.5	35,227	7,530	42,757	1,498	30
176		Ptx4	33.2	69,207	12,290	81,497	2,452	50

Schedule 1 – Inpatient Cost Results

CHG Code	Description	Complexity Level	Average LOS	Average Cost	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
177	PWS - Cardiac Valve Replacement With Heart Pump Without Cardiac Cath	Pix1	8.9	20,929	4,139	25,068	2,824	984
177		Pix2	6.9	17,021	3,380	20,401	2,938	599
177		Pix3	9.6	21,385	4,238	25,622	2,669	157
177		Pix4	13.6	26,365	5,433	31,798	2,345	91
177		Pix4	20.3	47,823	9,196	57,019	2,811	152
178	PWS - Coronary Bypass With Heart Pump With Cardiac Cath	Pix1	17.8	26,682	5,770	32,452	1,824	565
178		Pix2	15.9	20,973	4,729	25,702	1,617	160
178		Pix3	16.9	22,870	5,137	28,007	1,655	213
178		Pix4	19.3	25,781	5,722	31,503	1,632	96
178		Pix4	23.6	50,047	9,732	59,780	2,537	102
179	PWS - Coronary Bypass With Heart Pump Without Cardiac Cath	Pix1	7.8	14,549	3,409	17,958	2,307	2,542
179		Pix2	6.6	12,464	3,049	15,513	2,363	1,511
179		Pix3	8.7	15,171	3,503	18,675	2,148	601
179		Pix4	10.5	18,980	4,224	23,204	2,214	246
179		Pix4	17.0	37,296	7,644	44,940	2,642	240
181	PWS - Other Cardio-Thoracic Procedures With Heart Pump With Cardiac Cath	Pix1	22.3	54,780	10,440	65,220	2,922	50
181		Pix2	10.7	18,657	3,456	22,113	2,073	6
181		Pix3	16.9	20,972	4,670	25,642	1,516	12
181		Pix4	17.6	21,709	5,214	26,923	1,530	5
181		Pix4	29.2	83,828	15,693	99,520	3,408	30
182	PWS - Other Cardio-Thoracic Procedures With Heart Pump Without Cardiac Cath	Pix1	8.0	20,142	4,264	24,406	3,042	555
182		Pix2	6.0	13,963	3,142	17,106	2,843	306
182		Pix3	7.5	18,337	3,869	22,206	2,975	97
182		Pix4	10.1	21,209	4,685	25,894	2,572	45
182		Pix4	17.6	48,881	9,716	58,597	3,326	128
183	PWS - Major Cardio-Thoracic Procedures Without Heart Pump With Cardiac Cath	Pix1	9.2	18,395	3,806	22,201	2,411	245
183		Pix2	5.2	11,361	2,007	13,368	2,550	74
183		Pix3	7.7	15,410	2,955	18,365	2,381	49
183		Pix4	8.5	19,068	4,422	23,490	2,772	40
183		Pix4	15.4	28,527	6,198	34,725	2,260	82

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average IUS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
184	PWS - Major Cardio-Thoracic Procedures Without Heart Pump Cath	Px1	10.8	14,519	3,109	17,628	1,634
184		Px2	6.1	10,193	2,054	12,246	2,011
184		Px3	10.3	12,648	2,795	15,443	1,501
184		Px4	14.8	14,296	3,250	17,546	1,185
184		Px5	25.8	33,844	7,602	41,446	1,603
185	Permanent Pacemaker Implant For Specified Cardiac Conditions	Px1	11.0	36,247	5,027	41,275	3,739
185		Px2	8.0	32,381	4,369	36,750	4,698
185		Px3	11.9	34,988	4,788	39,775	3,355
185		Px4	14.3	42,647	5,992	48,640	3,400
185		Px5	25.7	54,943	9,046	63,989	2,490
186	Permanent Pacemaker Implant Without Specified Cardiac Conditions	Px1	5.4	15,969	2,581	18,550	3,443
186		Px2	4.1	14,092	2,245	16,337	3,942
186		Px3	9.1	20,121	3,429	23,550	2,587
186		Px4	10.1	24,297	4,054	28,351	2,817
186		Px5	20.3	33,030	6,179	39,209	1,934
188	PWS - Percutaneous Transluminal Coronary Angioplasty W Complicating Card Conditions	Px1	5.3	9,694	1,995	11,689	2,211
188		Px2	4.7	9,063	1,824	10,887	2,339
188		Px3	6.4	10,396	2,206	12,602	1,956
188		Px4	8.0	12,436	2,734	15,169	1,898
188		Px5	12.8	20,672	4,903	25,575	1,991
189	PWS - Percutaneous Transluminal Coronary Angioplasty W/0 Complic Cardiac Conditions	Px1	1.8	6,701	1,226	7,927	4,515
189		Px2	1.0	6,069	1,149	7,218	7,218
189		Px3	3.1	7,486	1,421	8,907	2,890
189		Px4	5.6	10,586	2,037	12,623	2,255
189		Px5	15.2	25,228	5,339	30,567	2,018
191	Temporary Cardiac Pacemaker	Px1	5.7	9,704	1,864	11,568	2,037
191		Px2	4.7	5,168	1,139	6,306	1,344
191		Px3	5.8	7,881	1,769	9,651	1,678
191		Px4	9.8	9,876	2,397	12,272	1,252
191		Px5	7.3	17,759	3,150	20,909	2,884

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
193	Cardiac Pacemaker Device Replacement Or Revision	Pix1	3.7	10,921	1,310	12,231	3,264	95
193		Pix2	11.5	23,158	3,431	26,559	2,310	10
193		Pix3	10.0	17,875	2,826	20,702	2,070	5
193		Pix4	24.0	31,838	6,583	38,421	1,601	5
194	PWS - Minor Cardio-Thoracic Procedures Without Heart Pump	Pix1	2.3	6,075	1,221	7,296	3,238	446
194		Pix2	1.3	5,283	1,019	6,302	4,979	350
194		Pix3	8.4	11,768	2,761	14,528	1,737	33
194		Pix4	4.9	9,813	2,147	11,960	2,427	14
194		Pix4	14.3	21,014	4,320	25,334	1,773	7
200	AMI, Unstable Angina Or Cardiac Cath With Shock Or Pulmonary Embolism	Pix1	8.3	11,168	2,708	13,876	1,677	142
200		Pix2	3.9	5,127	1,215	6,341	1,642	36
200		Pix3	7.2	8,866	2,248	11,113	1,549	23
200		Pix4	8.7	9,087	2,371	11,458	1,311	35
200		Pix4	13.0	20,135	4,945	25,090	1,927	48
201	AMI With Cardiac Cath With Congestive Heart Failure	Pix1	12.0	11,430	3,202	14,631	1,217	149
201		Pix2	10.8	9,539	2,615	12,174	1,123	89
201		Pix3	13.1	12,019	3,382	15,380	1,175	32
201		Pix3	10.1	11,636	3,243	14,939	1,483	13
201		Pix4	22.2	25,608	7,382	32,989	1,488	18
202	AMI With Cardiac Cath With Ventricular Tachycardia	Pix1	8.7	8,381	2,144	10,525	1,205	15
202		Pix2	8.0	7,422	1,950	9,371	1,171	10
202		Pix3	5.0	4,732	1,534	6,266	1,253	1
202		Pix3	9.0	9,090	2,636	11,786	1,310	4
202		Pix4	13.0	14,241	3,140	17,382	1,337	3
203	AMI With Cardiac Cath With Angina	Pix1	7.4	5,859	1,700	7,559	1,015	45
203		Pix2	6.9	5,533	1,629	7,162	1,045	40
203		Pix3	13.0	8,884	2,381	11,265	867	5
203		Pix4	4.0	4,987	1,285	7,182	1,197	3
203		Pix4	4.0	4,987	1,070	6,066	1,517	1

Schedule 1 – Inpatient Cost Results

CHG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
204	AMI With Cardiac Cath Without Specified Cardiac Conditions		8.0	6,688	1,731	8,419	1,052
204	Px1	7.4	6,124	1,576	7,700	1,045	672
204	Px2	11.2	8,733	2,268	11,001	979	63
204	Px3	10.2	9,517	2,618	12,135	1,191	37
204	Px4	15.7	17,837	4,740	22,577	1,441	18
205	AMI Without Cardiac Cath With Congestive Heart Failure		9.1	7,439	2,032	9,471	1,046
205	Px1	7.7	5,815	1,631	7,446	989	220
205	Px2	10.0	7,616	2,099	9,715	971	69
205	Px3	9.4	7,588	2,026	9,614	1,020	52
205	Px4	14.8	14,616	3,801	18,417	1,245	64
206	AMI Without Cardiac Cath With Ventricular Tachycardia		5.4	4,627	1,270	5,898	1,096
206	Px1	4.5	3,754	1,027	4,782	1,068	23
206	Px2	8.3	6,000	1,716	7,716	935	4
206	Px3	4.0	5,347	1,453	6,800	1,700	5
206	Px4	10.4	9,933	2,614	12,546	1,206	5
207	AMI Without Cardiac Cath With Angina		7.2	6,017	1,555	7,572	1,057
207	Px1	6.2	4,873	1,233	6,106	986	26
207	Px2	10.8	12,204	3,563	15,767	1,480	5
207	Px3	9.6	6,262	1,644	7,906	824	5
207	Px4	12.0	10,643	2,441	13,084	1,090	2
208	AMI Without Cardiac Cath Without Specified Cardiac Conditions		4.9	4,404	1,110	5,514	1,133
208	Px1	4.6	3,982	1,004	4,986	1,096	1,176
208	Px2	8.1	6,680	1,764	8,444	1,046	111
208	Px3	6.8	5,857	1,486	7,343	1,082	79
208	Px4	9.8	11,262	2,789	14,051	1,437	77
210	Unstable Angina With Cardiac Cath With Specified Cardiac Conditions		9.6	8,037	2,116	10,153	1,053
210	Px1	8.1	6,866	1,728	8,594	1,062	21
210	Px2	15.4	10,609	2,718	13,327	865	5
210	Px3	16.0	14,223	3,721	17,944	1,121	4
210	Px4	16.5	14,457	4,688	19,145	1,160	2

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average Length of Stay	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
211	Unstable Angina With Cardiac Cath Without Specified Cardiac Conditions	Pix1	7.3	5,308	1,380	6,687	917	332
211		Pix2	7.2	5,231	1,359	6,590	918	312
211		Pix3	9.7	6,687	1,724	8,410	870	15
211		Pix4	11.2	8,488	2,416	10,905	977	6
211		Pix4	19.7	14,781	3,564	18,345	933	3
212	Unstable Angina Without Cardiac Cath With Specified Cardiac Conditions	Pix1	7.3	5,853	1,496	7,349	1,007	80
212		Pix2	6.1	5,298	1,352	6,649	1,094	62
212		Pix3	9.6	6,321	1,750	8,071	845	9
212		Pix4	13.2	9,708	2,244	11,952	905	5
212		Pix4	20.3	12,976	3,458	16,434	810	7
213	Unstable Angina Without Cardiac Cath Without Specified Cardiac Conditions	Pix1	3.6	2,698	696	3,394	940	704
213		Pix2	3.5	2,619	675	3,294	935	657
213		Pix3	4.9	3,732	951	4,683	963	37
213		Pix4	12.2	7,392	2,373	9,765	803	13
213		Pix4	7.2	6,853	1,622	8,476	1,183	6
215	Cardiac Cath With Congestive Heart Failure	Pix1	12.4	9,340	2,546	11,886	958	448
215		Pix2	10.8	7,625	2,100	9,725	901	320
215		Pix3	15.1	10,696	2,815	13,512	893	52
215		Pix4	15.5	12,531	3,372	15,902	1,023	48
215		Pix4	24.4	23,252	6,309	29,561	1,211	34
216	Cardiac Cath With Ventricular Tachycardia	Pix1	9.4	7,275	2,026	9,301	994	244
216		Pix2	8.7	6,508	1,818	8,326	960	215
216		Pix3	10.8	9,842	2,536	12,379	1,152	8
216		Pix3	13.3	9,943	2,644	12,587	944	12
216		Pix4	15.2	17,261	4,932	22,193	1,463	6
217	Cardiac Cath With Unstable Angina	Pix1	7.0	4,797	1,358	6,156	873	304
217		Pix2	9.1	6,474	1,784	8,258	905	8
217		Pix3	13.7	9,639	3,092	12,731	932	6
217		Pix4	10.8	9,209	2,522	11,731	1,086	5

Schedule 1 – Inpatient Cost Results

CMG Code Description	Complexity Level	Average LOS		Average Indirect Cost		Average Cost		Cost per Day		Costed Cases
		Direct Cost	Indirect Cost	Average Cost	Cost	Average Cost	Cost	Average Cost	Cost	
218 Cardiac Cath Without Specified Cardiac Conditions										
218	Px1	4.8	3,988	981	4,969	1,026	1,026	1,026	1,026	1,602
218	Px2	4.7	3,863	949	4,812	1,020	1,020	1,020	1,020	1,527
218	Px3	7.6	6,574	1,699	8,273	1,091	1,091	1,091	1,091	50
218	Px4	10.3	8,899	2,154	11,053	1,074	1,074	1,074	1,074	24
219 Endocarditis										
219	Px1	15.7	11,886	3,172	15,058	960	960	960	960	113
219	Px2	12.6	7,262	2,023	9,285	735	735	735	735	65
219	Px3	11.9	8,367	2,556	10,923	916	916	916	916	13
219	Px4	15.2	13,363	3,790	17,153	1,127	1,127	1,127	1,127	9
219	Px4	27.4	25,211	6,520	31,731	1,158	1,158	1,158	1,158	27
220 Pulmonary Embolism										
220	Px1	6.9	4,327	1,156	5,483	799	799	799	799	1,059
220	Px2	5.8	3,447	934	4,381	753	753	753	753	657
220	Px3	7.7	4,602	1,242	5,844	756	756	756	756	267
220	Px4	12.3	8,008	2,135	10,143	822	822	822	822	90
220	Px4	13.1	13,755	3,332	17,088	1,302	1,302	1,302	1,302	62
222 Heart Failure										
222	Px1	8.8	5,278	1,506	6,785	770	770	770	770	3,556
222	Px2	7.2	4,082	1,177	5,258	728	728	728	728	2,231
222	Px3	11.2	6,150	1,803	7,953	710	710	710	710	671
222	Px4	14.1	7,978	2,368	10,345	733	733	733	733	414
222	Px4	19.3	14,311	3,844	18,154	940	940	940	940	355
225 Hypertensive Heart Disease										
225	Px1	9.2	5,476	1,630	7,106	773	773	773	773	37
225	Px2	6.3	3,865	1,137	5,002	800	800	800	800	8
225	Px3	17.1	11,289	3,002	14,291	835	835	835	835	9
225	Px4	22.2	15,669	4,261	19,930	898	898	898	898	5
226 Other Circulatory Diagnoses										
226	Px1	5.6	4,595	1,161	5,756	1,032	1,032	1,032	1,032	1,039
226	Px2	4.5	3,365	869	4,234	941	941	941	941	702
226	Px3	7.8	4,011	1,302	5,313	682	682	682	682	19
226	Px3	10.7	8,235	2,184	10,419	994	994	994	994	195
226	Px4	14.4	18,133	4,298	22,431	1,557	1,557	1,557	1,557	66

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Cost Cases
229	Atherosclerosis (MNRH)			5.2	3,801	1,019	4,819	922
229		Phx1	4.1	2,868	757	3,625	880	477
229		Phx2	9.0	6,284	1,744	8,028	894	97
229		Phx3	13.3	9,070	2,592	11,662	874	53
229		Phx4	19.2	17,824	4,689	22,513	1,172	34
232	Acquired Valvular Disorders (MNRH)			7.0	4,870	1,353	6,223	884
232		Phx1	6.0	3,955	1,085	5,040	838	83
232		Phx2	7.6	5,140	1,469	6,609	867	29
232		Phx3	22.8	13,580	3,955	17,536	771	12
232		Phx4	22.8	20,702	5,626	26,328	1,157	8
233	Hypertension (MNRH)			4.2	2,745	712	3,457	814
233		Phx1	4.1	2,503	660	3,163	776	194
233		Phx2	6.0	4,285	1,066	5,351	897	28
233		Phx3	7.4	5,549	1,467	7,016	953	11
233		Phx4	12.2	7,050	1,798	8,848	725	5
234	Congenital Cardiac Disorders (MNRH)			6.4	9,702	2,056	11,758	1,831
234		Phx1	3.7	5,672	1,272	6,944	1,873	24
234		Phx2	5.1	5,019	1,206	6,225	1,218	9
234		Phx3	11.0	14,693	3,421	18,113	1,647	5
234		Phx4	15.5	36,455	7,088	43,543	2,809	6
235	Angina Pectoris			3.3	2,170	563	2,733	838
235		Phx1	3.2	2,132	550	2,682	843	170
235		Phx2	6.6	3,721	1,090	4,810	732	7
235		Phx3	11.4	5,157	1,908	7,065	620	5
235		Phx4	11.0	7,110	1,746	8,857	805	1
237	Arrhythmia			4.7	3,404	892	4,295	906
237		Phx1	4.0	2,877	744	3,621	910	1,480
237		Phx2	7.6	4,856	1,352	6,209	817	338
237		Phx3	9.9	7,176	1,901	9,078	913	126
237		Phx4	19.6	14,701	4,051	18,752	956	53

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average	Average	Average	Average	Average	Average	Cost per Day	Costed Cases
			Direct Cost	Indirect Cost	Cost	Cost	Cost	Cost	Cost	Costed Cases
240	Scope And Collapse		4.1	2,640	690	3,330	807	807	602	
240		Px1	3.9	2,473	644	3,117	806	806	542	
240		Px2	8.7	4,979	1,416	6,395	736	736	42	
240		Px3	9.3	5,314	1,486	6,800	731	731	30	
240		Px4	12.4	8,797	2,407	11,204	904	904	5	
242	Chest Pain		2.6	1,880	463	2,344	916	916	1,909	
242		Px1	2.5	1,859	457	2,316	917	917	1,849	
242		Px2	4.8	3,108	856	3,963	831	831	61	
242		Px3	7.6	4,916	1,380	6,296	830	830	17	
242		Px4	14.4	7,930	2,123	10,053	698	698	5	
250	Extensive Gastrointestinal Procedures		14.4	18,344	5,146	23,490	1,626	1,626	131	
250		Px1	10.9	13,481	4,103	17,584	1,613	1,613	70	
250		Px2	13.6	16,335	4,978	21,314	1,567	1,567	20	
250		Px3	18.7	24,914	6,106	31,020	1,662	1,662	18	
250		Px4	25.3	34,874	8,670	43,545	1,725	1,725	24	
251	Gastrostomy And Colostomy Procedures		15.7	16,403	4,400	20,804	1,321	1,321	1,665	
251		Px1	10.5	9,910	2,855	12,765	1,213	1,213	879	
251		Px2	15.9	14,677	4,260	18,936	1,189	1,189	175	
251		Px3	19.2	17,996	4,816	22,812	1,187	1,187	248	
251		Px4	34.7	44,038	10,723	54,761	1,576	1,576	416	
252	Major Esophageal, Stomach And Duodenum Procedures		13.0	13,552	3,643	17,195	1,318	1,318	120	
252		Px1	10.5	10,115	2,877	12,992	1,243	1,243	75	
252		Px2	13.9	15,207	3,808	19,015	1,364	1,364	18	
252		Px3	15.4	17,695	4,457	22,152	1,442	1,442	11	
252		Px4	31.6	40,364	10,189	50,553	1,599	1,599	21	
253	Major Intestinal And Rectal Procedures		10.5	9,973	2,773	12,745	1,218	1,218	2,643	
253		Px1	8.7	7,914	2,291	10,205	1,168	1,168	1,801	
253		Px2	14.1	12,400	3,517	15,917	1,126	1,126	249	
253		Px3	13.6	12,509	3,445	15,953	1,173	1,173	313	
253		Px4	22.2	27,316	6,585	33,901	1,527	1,527	363	

Schedule 1 – Inpatient Cost Results

CNIG Code Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per day	Costed Cases
255 Less Extensive Esophageal, Stomach And Duodenum Procedures							
255	Pk1	5.7	5,964	1,690	7,654	1,348	1,081
255	Pk2	8.1	8,549	2,344	10,893	1,348	894
255	Pk3	10.7	9,659	2,738	12,397	1,154	76
255	Pk4	17.7	23,939	5,658	29,597	1,668	71
258 Laparotomy							
258	Pk1	6.5	5,569	1,631	7,200	1,111	798
258	Pk2	12.0	9,779	2,716	12,495	1,040	105
258	Pk3	12.3	10,990	3,139	14,129	1,149	82
258	Pk4	18.1	19,996	5,136	25,131	1,386	71
260 Less Extensive Intestinal And Rectal Procedures							
260	Pk1	2.9	2,476	770	3,361	1,146	323
260	Pk2	5.3	4,770	1,360	6,130	1,168	12
260	Pk3	7.8	6,814	2,125	8,939	1,153	8
260	Pk4	32.0	31,929	9,353	41,282	1,290	5
261 Complicated Appendectomy							
261	Pk1	4.2	3,908	1,159	5,067	1,212	1,000
261	Pk2	8.3	7,581	2,069	9,650	1,168	57
261	Pk3	7.4	6,866	2,015	8,882	1,202	64
261	Pk4	9.1	9,449	2,649	12,099	1,326	24
262 Simple Appendectomy							
262	Pk1	2.2	2,447	720	3,168	1,436	2,885
262	Pk2	4.2	2,422	714	3,136	1,430	2,852
262	Pk3	5.5	6,526	1,760	8,286	1,496	26
262	Pk4	10.7	9,359	2,441	11,800	1,100	11
264 Minor Gastrointestinal Procedures							
264	Pk1	2.9	4,075	1,121	5,196	1,769	112
264	Pk2	5.6	5,328	1,540	6,868	1,226	10
264	Pk3	10.2	10,268	2,926	13,194	1,294	10
264	Pk4	12.8	30,118	6,824	36,942	2,886	5

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
265	Abdominal Laparoscopy		2.8	2,752	816	3,568	1,259
265		Ptx1	2.8	2,684	804	3,488	1,245
265		Ptx2	2.5	1,755	609	2,364	946
265		Ptx3	6.2	6,148	1,725	7,872	1,270
265		Ptx4	3.7	4,407	1,118	5,525	1,507
266	Anus And Stomal Procedures (MNRRH)		2.3	2,125	674	2,799	1,230
266		Ptx1	2.2	2,101	669	2,771	1,241
266		Ptx2	5.7	4,105	1,190	5,295	923
266		Ptx3	10.4	7,271	2,138	9,409	904
266		Ptx4	36.8	33,500	8,636	42,136	1,144
269	Bilateral Hernia Procedures		2.3	2,648	856	3,504	1,509
269		Ptx1	2.2	2,587	839	3,425	1,529
269		Ptx2	5.6	5,356	1,615	6,971	1,237
269		Ptx3	6.3	5,900	1,837	7,737	1,228
269		Ptx4	11.8	17,010	4,255	21,265	1,795
271	Unilateral Hernia Procedures (MNRRH)		1.7	1,996	610	2,607	1,498
271		Ptx1	1.7	1,971	602	2,572	1,522
271		Ptx2	6.2	4,652	1,411	6,063	985
271		Ptx3	4.9	5,759	1,777	7,537	1,546
271		Ptx4	20.0	22,803	6,380	29,183	1,459
279	Digestive System Malignancy		9.4	5,523	1,560	7,083	750
279		Ptx1	7.3	4,212	1,182	5,394	735
279		Ptx2	11.3	6,510	1,877	8,387	745
279		Ptx3	14.0	7,873	2,303	10,176	728
279		Ptx4	19.2	12,374	3,889	15,763	822
281	G.I. Hemorrhage		4.6	3,149	857	4,006	874
281		Ptx1	4.0	2,602	720	3,322	832
281		Ptx2	7.9	5,292	1,450	6,742	853
281		Ptx3	9.2	6,338	1,725	8,063	874
281		Ptx4	12.2	12,135	3,004	15,139	1,237

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average Loss	Average Cost	Indirect Cost	Average Cost	Cost per Day	Costed Cases
285	Complicated Ulcer	Pix1	5.5	3,272	929	4,201	758	176
285		Pix2	4.9	2,797	793	3,590	732	143
285		Pix3	13.1	7,566	2,028	9,594	734	15
285		Pix4	12.4	6,976	2,161	9,137	740	20
285		Pix4	12.2	9,551	2,636	12,187	997	9
286	Uncomplicated Ulcer	Pix1	4.0	2,549	704	3,253	804	171
286		Pix2	3.9	2,477	679	3,156	814	155
286		Pix3	6.1	3,675	1,118	4,793	786	10
286		Pix4	8.9	5,066	1,314	6,380	719	8
286		Pix4	13.4	9,177	2,789	11,965	833	5
289	Inflammatory Bowel Disease	Pix1	5.4	3,034	837	3,871	712	858
289		Pix2	5.4	2,999	834	3,833	709	786
289		Pix3	9.3	4,952	1,400	6,353	680	32
289		Pix4	7.9	4,511	1,260	5,771	733	54
289		Pix4	19.2	10,288	3,027	13,315	693	10
290	G.I. Obstruction	Pix1	4.4	2,469	732	3,201	728	1,899
290		Pix2	4.0	2,178	652	2,830	716	1,694
290		Pix3	7.0	4,220	1,243	5,464	778	88
290		Pix4	9.8	5,611	1,685	7,296	748	62
290		Pix4	14.7	9,996	2,718	12,715	865	41
294	Esophagitis, Gastroenteritis And Miscellaneous Digestive Disease	Pix1	3.8	2,314	665	2,979	786	7,278
294		Pix2	3.3	2,032	588	2,620	789	6,311
294		Pix3	6.6	3,984	1,117	5,102	775	473
294		Pix4	7.3	4,420	1,248	5,668	777	303
294		Pix4	15.8	11,285	3,116	14,401	913	152
297	Other G.I. Diagnoses	Pix1	4.4	2,862	818	3,679	827	1,974
297		Pix2	3.8	2,333	681	3,014	797	1,654
297		Pix3	9.2	6,098	1,779	7,877	859	128
297		Pix4	13.6	12,516	3,025	15,541	1,141	78

Schedule 1 – Inpatient Cost Results

CMIG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
310	PWS - Liver Transplant		27.0	52,889	13,919	66,808	2,478	119
310		Px1	12.8	26,945	7,611	34,556	2,710	20
310		Px2	14.0	27,696	7,741	35,437	2,531	8
310		Px3	17.0	32,886	9,439	42,325	2,490	12
310		Px4	33.4	65,047	16,822	81,869	2,453	79
311	Major Pancreatic Procedures		16.0	18,595	4,394	23,489	1,464	337
311		Px1	11.4	12,862	3,647	16,509	1,442	170
311		Px2	15.4	15,852	4,132	19,984	1,301	59
311		Px3	23.1	23,557	5,978	29,535	1,280	39
311		Px4	34.3	42,223	10,518	52,742	1,536	81
312	Major Hepatobiliary Procedures		9.3	13,000	3,287	16,286	1,753	306
312		Px1	8.0	10,712	2,901	13,614	1,712	221
312		Px2	10.3	13,356	3,191	16,547	1,606	33
312		Px3	14.0	16,353	4,011	20,364	1,455	23
312		Px4	24.4	40,170	8,992	49,161	2,018	41
313	Common Duct Exploration		15.1	11,021	2,975	13,996	928	51
313		Px1	9.9	7,183	1,971	9,154	923	26
313		Px2	14.3	12,175	3,064	15,238	1,067	7
313		Px3	21.5	16,350	4,080	20,430	948	11
313		Px4	18.6	15,946	4,265	20,211	1,087	5
314	Other Hepatobiliary And Pancreatic Procedures		8.9	8,994	2,276	11,270	1,261	267
314		Px1	7.3	6,768	1,753	8,521	1,165	181
314		Px2	10.5	8,707	2,285	10,992	1,048	39
314		Px3	15.4	16,704	4,184	20,888	1,356	27
314		Px4	22.9	25,303	6,139	31,442	1,375	31
315	Cholecystectomy		7.5	7,054	2,069	9,123	1,209	412
315		Px1	6.3	5,976	1,765	7,742	1,220	273
315		Px2	8.6	7,617	2,350	9,967	1,163	82
315		Px3	13.1	11,634	3,249	14,893	1,136	39
315		Px4	21.2	21,141	5,618	26,759	1,262	25

Schedule 1 -- Inpatient Cost Results

CMG Code Description	Complexity Level	Average LOS	Average Cost			Costed Cases
			Direct Cost	Indirect Cost	Average Cost	
317 Laparoscopic Cholecystectomy	Px1	2.9	3,156	927	4,083	1,389
317	Px1	2.7	2,988	882	3,870	1,433
317	Px2	5.5	4,689	1,369	6,057	1,101
317	Px3	8.6	6,980	2,035	9,015	1,046
317	Px4	12.0	10,080	2,827	12,907	1,079
320 Miscellaneous Hepatobiliary And Pancreatic Procedures	Px1	10.2	9,739	2,553	12,293	1,205
320	Px1	7.4	6,098	1,671	7,769	1,046
320	Px2	9.6	7,325	1,840	9,166	955
320	Px3	13.9	11,775	3,166	14,940	1,075
320	Px4	22.7	29,904	7,402	37,306	1,647
323 Cirrhosis And Alcoholic Hepatitis	Px1	9.3	6,340	1,689	8,029	860
323	Px1	6.6	3,894	1,048	4,942	749
323	Px2	7.9	4,393	1,274	5,667	718
323	Px3	13.6	8,120	2,281	10,401	765
323	Px4	17.9	16,896	4,143	21,039	1,175
324 Pancreatic Cancer Or Other Malignancy Of Hepatobiliary System	Px1	10.5	6,149	1,710	7,859	746
324	Px1	8.8	4,983	1,377	6,360	721
324	Px2	10.6	5,797	1,676	7,473	706
324	Px3	12.7	8,159	2,192	10,352	815
324	Px4	15.5	10,158	2,751	12,909	832
325 Pancreas Diseases Except Malignancy	Px1	5.1	2,899	839	3,738	732
325	Px1	4.6	2,516	738	3,254	702
325	Px2	7.8	4,649	1,299	5,949	762
325	Px3	11.7	7,004	2,021	9,024	774
325	Px4	16.3	16,994	4,285	21,279	1,304
326 Liver Diseases Except Cirrhosis Or Cancer	Px1	8.0	6,715	1,723	8,438	1,049
326	Px1	5.5	3,581	977	4,558	832
326	Px2	8.7	5,595	1,500	7,095	817
326	Px3	11.0	7,345	1,952	9,298	845
326	Px4	14.2	20,016	4,695	24,711	1,740

Schedule 1 – Inpatient Cost Results

CMG Code Description	Complexity Level	Average Loss	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
329 Biliary Tract Diseases						
329	Px1	4.3	2,820	780	3,600	838
329	Px2	3.6	2,295	654	2,949	811
329	Px3	7.0	4,329	1,219	5,549	797
329	Px4	6.0	4,352	1,134	5,586	914
350 Multiple Or Bilateral Joint Replacement						
350	Px1	12.0	10,651	2,644	13,295	1,110
350	Px2	9.6	13,168	2,748	15,917	1,662
350	Px3	6.7	11,338	2,123	13,461	2,005
350	Px4	9.2	14,018	2,419	16,438	1,793
350	Px5	20.5	19,465	4,803	24,268	1,186
350	Px6	43.1	36,309	9,220	45,529	1,057
351 Joint Replacement For Trauma						
351	Px1	14.1	12,217	3,085	15,302	1,087
351	Px2	11.2	9,943	2,499	12,443	1,106
351	Px3	20.5	15,470	4,120	19,590	954
351	Px4	18.0	15,392	3,857	19,250	1,069
351	Px5	25.1	22,885	5,861	28,747	1,143
352 Hip Replacement						
352	Px1	6.1	8,554	1,762	10,316	1,680
352	Px2	5.8	8,282	1,678	9,960	1,725
352	Px3	9.5	10,692	2,495	13,187	1,393
352	Px4	9.5	11,690	2,678	14,367	1,512
352	Px5	14.3	16,736	3,819	20,556	1,433
354 Knee Replacement						
354	Px1	5.7	7,349	1,634	8,983	1,585
354	Px2	5.6	7,263	1,610	8,873	1,595
354	Px3	7.8	9,007	2,086	11,093	1,422
354	Px4	9.9	10,303	2,405	12,708	1,280
354	Px5	14.7	15,233	3,617	18,850	1,281
355 Reattachment Procedures Or Lower Extremity Or Shoulder Amputations						
355	Px1	10.4	9,041	2,575	11,615	1,120
355	Px2	6.6	5,651	1,679	7,330	1,108
355	Px3	16.2	11,037	3,340	14,377	889
355	Px4	17.6	13,643	3,709	17,352	983
355	Px5	48.3	53,994	14,030	68,024	1,408

Schedule 1 – Inpatient Cost Results

CMG Code Description	Complexity Level	Average		Indirect Cost	Average Cost	Cost per Day	Costed Cases
		Average L05	Direct Cost				
356 Repair Hip And Femur Procedures							
356		6.2	7,446	1,938	9,385	1,504	307
	Pix1	4.9	6,360	1,638	7,988	1,617	261
	Pix2	13.3	12,911	3,551	16,462	1,238	20
	Pix3	16.2	15,373	4,018	19,391	1,200	13
	Pix4	26.2	19,420	5,377	24,797	946	15
358 Lower Extremity Procedures With Infection							
358		9.3	7,671	2,215	9,885	1,059	150
	Pix1	7.7	6,330	1,836	8,166	1,056	116
	Pix2	12.5	9,384	2,921	12,305	984	22
	Pix3	41.4	31,670	7,899	39,569	956	5
	Pix4	27.1	20,775	5,720	26,435	978	10
359 Upper Extremity Procedures With Infection							
359		7.1	6,086	1,797	7,882	1,112	58
	Pix1	5.7	5,074	1,510	6,584	1,155	50
	Pix2	16.0	13,448	4,733	18,181	1,136	4
	Pix3	44.5	35,302	10,540	45,842	1,030	4
	Pix4	18.3	13,784	3,982	17,775	970	6
360 Upper Extremity Amputations And Revisions							
360		12.4	10,205	3,025	13,229	1,066	86
	Pix1	7.3	6,169	1,854	8,024	1,105	57
	Pix2	20.9	16,979	5,063	22,043	1,055	9
	Pix3	23.0	22,045	6,108	28,153	1,224	10
	Pix4	33.9	30,356	9,059	39,415	1,162	12
361 Musculoskeletal Biopsy For Malignancy							
361		16.3	14,210	3,664	17,874	1,099	59
	Pix1	12.7	11,580	2,972	14,552	1,143	44
	Pix2	22.4	15,481	3,857	19,338	863	5
	Pix3	32.8	22,924	7,454	30,377	926	5
	Pix4	27.7	28,056	7,488	35,525	1,282	7
362 Musculoskeletal Biopsy Without Malignancy							
362		14.5	10,034	2,610	12,644	874	116
	Pix1	9.0	6,154	1,577	7,731	863	75
	Pix2	21.2	11,606	3,272	14,878	702	15
	Pix3	19.9	13,809	3,527	17,337	873	15
	Pix4	42.4	52,722	11,584	64,316	1,515	9

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
363	Back And Neck Procedures With Fusion		5.2	9,883	2,051	11,934	2,281
363		Ptx1	4.8	8,932	1,892	10,824	2,275
363		Ptx2	8.4	14,926	2,965	17,891	2,119
363		Ptx3	11.7	20,101	3,897	23,999	2,048
363		Ptx4	23.2	44,117	8,496	52,613	2,271
365	Back And Neck Procedures Without Fusion		2.7	3,854	1,104	4,958	1,821
365		Ptx1	2.4	3,563	1,047	4,611	1,903
365		Ptx2	6.1	7,518	1,802	9,320	1,522
365		Ptx3	9.2	9,317	2,294	11,612	1,257
365		Ptx4	13.9	17,805	4,087	21,892	1,576
367	Shoulder Arthroplasty		3.3	6,867	1,318	8,185	2,493
367		Ptx1	3.2	6,848	1,304	8,152	2,524
367		Ptx2	8.4	9,086	2,294	11,380	1,385
367		Ptx3	5.7	5,837	2,174	8,010	1,444
367		Ptx4					3
368	Major Hip And Knee Procedures		4.1	5,045	1,352	6,397	1,553
368		Ptx1	4.0	4,853	1,309	6,162	1,540
368		Ptx2	6.3	8,250	2,576	10,826	1,709
368		Ptx3					3
368		Ptx4	25.0	19,613	4,881	24,494	980
369	Major Lower Extremity Procedures		3.0	4,688	1,250	5,939	1,956
369		Ptx1	3.1	4,668	1,245	5,913	1,938
369		Ptx2	6.9	8,619	2,324	10,944	1,575
369		Ptx3	9.2	8,811	2,446	11,257	1,224
369		Ptx4	44.0	32,038	13,730	45,768	1,040
372	Major Upper Extremity Procedures		2.0	3,918	1,034	4,952	2,422
372		Ptx1	2.0	3,854	1,022	4,875	2,430
372		Ptx2	6.8	11,021	2,643	13,665	2,010
372		Ptx3	4.2	7,788	2,157	9,945	2,368
372		Ptx4					5

Schedule 1 – Inpatient Cost Results

GANG Code	Description	Commodity			Average			Cost per Day	Costed Cases
		Average Loss	Average Loss	Direct Cost	Indirect Cost	Average Cost			
374 Minor Lower Extremity Procedures									
374		Pix1	1.9	3,139	863	4,002	2,080	787	
374		Pix2	5.8	6,595	1,718	8,313	1,439	9	
374		Pix3	8.8	9,384	2,484	11,869	1,349	5	
374		Pix4	10.7	13,942	3,894	17,836	1,672	3	
375 Minor Upper Extremity Procedures									
375		Pix1	1.0	2,306	644	2,951	2,951	497	
375		Pix2	6.2	5,753	1,633	7,387	1,198	6	
375		Pix3	3.5	3,505	1,384	4,889	1,397	2	
375		Pix4	54.0	66,752	15,095	81,846	1,516	2	
376 Miscellaneous Musculoskeletal Procedures									
376		Pix1	2.9	5,893	1,551	7,445	2,609	287	
376		Pix2	2.8	5,784	1,533	7,317	2,597	280	
376		Pix3	12.9	18,324	4,435	22,758	1,766	9	
376		Pix4	8.8	19,701	3,668	23,369	2,656	5	
376		Pix5	16.5	41,730	8,194	49,924	3,026	6	
377 Wound Debridement And Skin Graft For Musculoskeletal Disorders									
377		Pix1	6.1	7,234	2,017	9,251	1,516	317	
377		Pix2	4.3	5,319	1,478	6,797	1,596	260	
377		Pix3	14.5	14,167	4,268	18,434	1,275	22	
377		Pix4	11.8	14,604	4,090	18,694	1,586	19	
377		Pix5	44.3	57,980	14,591	72,570	1,637	21	
378 Soft Tissue Procedures (MNRH)									
378		Pix1	3.8	4,585	1,298	5,883	1,566	131	
378		Pix2	2.8	3,755	1,070	4,825	1,718	110	
378		Pix3	8.0	8,553	2,110	10,683	1,337	10	
378		Pix4	9.2	8,367	2,476	10,843	1,176	9	
378		Pix5	16.4	18,912	6,035	24,946	1,521	5	
379 Other Musculoskeletal Procedures (MNRH)									
379		Pix1	2.2	4,022	1,017	5,039	2,258	903	
379		Pix2	5.6	11,371	2,445	13,816	2,467	20	
379		Pix3	12.8	17,462	3,911	21,374	1,665	6	
379		Pix4	28.7	31,434	8,013	39,447	1,373	19	
379		Pix5	19.0	33,500	8,250	41,750	1,373	19	

Schedule 1 – Inpatient Cost Results

CMG	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Cost per Case
Code Description						
380 Other Lower Extremity Procedures (MNRH)						
380	Px1	1.0	1,258	440	1,697	1,697
380	Px2	4.0	4,639	1,460	6,099	1,452
380	Px3					
380	Px4					
381 Hand And Wrist Procedures (MNRH)						
381	Px1	1.0	2,081	645	2,726	2,726
381	Px2	4.0	5,226	1,542	6,768	1,692
381	Px3	84.0	36,830	13,372	50,201	598
381	Px4	13.0	16,308	4,369	20,677	1,591
382 Arthroscopy (MNRH)						
382	Px1	1.4	1,742	580	2,322	1,711
382	Px2	6.0	6,117	1,630	7,747	1,291
382	Px3	10.0	12,674	3,784	16,458	1,646
382	Px4	8.0	9,541	2,197	11,738	1,467
383 PWS - Joint Replacement For Malignancy						
383	Px1	14.0	13,606	3,150	16,756	1,197
383	Px2	14.1	18,789	3,663	22,452	1,590
383	Px3	31.4	28,190	6,036	34,226	1,090
383	Px4	38.6	45,500	8,759	54,258	1,406
384 PWS - Back And Neck Procedures For Malignancy						
384	Px1	10.3	12,954	3,340	16,294	1,577
384	Px2	19.4	27,224	5,302	32,525	1,677
384	Px3	18.8	22,528	4,852	27,380	1,456
384	Px4	47.8	66,771	16,883	83,654	1,750
385 PWS - Major Orthopaedic Oncology Procedures						
385	Px1	6.9	9,212	2,481	11,693	1,696
385	Px2	8.4	8,115	2,290	10,405	1,239
385	Px3	19.7	28,342	7,197	35,539	1,807
385	Px4	27.0	49,342	12,695	62,037	2,298

Schedule 1 – Inpatient Cost Results

CHG Code	Description	Complexity Level	Average Loss	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
386	Other Orthopaedic Oncology Procedures	Pix1	7.2	9,534	2,356	11,891	1,659
386		Pix2	6.3	8,435	2,207	10,643	1,693
386		Pix3	6.3	8,606	2,057	10,663	1,706
386		Pix4	24.3	26,897	6,326	33,222	1,365
386		Pix4	28.7	30,900	6,429	37,329	1,302
391	Secondary Neoplasms And Pathological Fractures	Pix1	14.9	8,231	2,303	10,534	709
391		Pix2	12.4	6,352	1,809	8,161	656
391		Pix3	16.2	9,271	2,533	11,804	730
391		Pix4	20.8	11,599	3,297	14,896	716
391		Pix4	30.1	20,455	5,301	25,756	855
392	Osteomyelitis	Pix1	12.1	7,803	2,236	10,038	828
392		Pix2	7.6	5,396	1,496	6,891	908
392		Pix3	26.3	14,529	4,518	19,046	725
392		Pix4	17.0	9,071	2,846	11,917	699
392		Pix4	36.1	20,057	6,204	26,261	727
393	Rheumatoid Arthritis	Pix1	8.3	6,162	1,522	7,684	923
393		Pix2	6.4	3,750	1,016	4,766	750
393		Pix3	8.1	5,179	1,379	6,558	807
393		Pix4	8.7	6,446	1,636	8,082	930
393		Pix4	19.3	20,897	4,425	25,322	1,312
394	Septic Arthritis	Pix1	6.9	4,688	1,314	6,003	875
394		Pix2	5.2	3,703	1,023	4,726	909
394		Pix3	12.2	8,737	2,181	10,918	897
394		Pix4	8.0	5,407	1,703	7,111	889
394		Pix4	33.2	17,785	5,140	22,925	691
397	Non-Inflammatory Arthritis	Pix1	8.0	4,188	1,283	5,472	683
397		Pix2	21.7	8,394	2,805	11,199	516
397		Pix3	17.1	8,054	2,339	10,393	607
397		Pix4	37.5	18,952	5,404	24,356	649
							4

Schedule 1 – Inpatient Cost Results

CMG Code Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Cost per Day	Costed Cases
398 Other Inflammatory Arthritis		6.3	3,974	1,089	5,063	808	558
398	Px1	5.2	3,162	889	4,051	779	395
398	Px2	8.9	4,797	1,334	6,132	682	76
398	Px3	14.2	8,747	2,466	11,213	791	69
398	Px4	18.0	16,664	3,925	20,589	1,142	43
399 Orthopaedic Aftercare		8.2	4,439	1,364	5,803	709	362
399	Px1	5.7	3,128	943	4,071	714	258
399	Px2	17.9	8,592	2,810	11,402	638	50
399	Px3	18.5	8,502	2,827	11,329	612	46
399	Px4	23.6	12,235	3,861	16,097	633	19
401 Other Musculoskeletal Malignancies		8.0	7,051	1,807	8,858	1,112	54
401	Px1	5.4	4,367	1,062	5,429	1,004	32
401	Px2	9.8	8,088	2,116	10,204	1,043	14
401	Px3	17.6	11,103	3,434	14,537	826	5
401	Px4	16.4	21,360	5,165	26,524	1,617	5
402 Disc Disease		7.9	4,026	1,139	5,164	651	423
402	Px1	7.0	3,515	988	4,503	646	363
402	Px2	23.3	9,892	3,033	12,925	554	46
402	Px3	22.2	12,392	3,250	15,642	705	23
402	Px4	35.0	17,575	5,384	22,960	656	19
404 Other Musculoskeletal Infections		10.5	5,420	1,561	6,982	665	4
404	Px1	10.5	5,420	1,561	6,982	665	4
404	Px2						
404	Px3						
404	Px4						
407 Other Musculoskeletal Disorders		5.3	4,358	1,138	5,496	1,032	108
407	Px1	3.9	2,924	817	3,741	955	83
407	Px2	10.4	7,430	1,894	9,324	900	11
407	Px3	8.6	7,002	1,885	8,887	1,037	7
407	Px4	34.3	24,876	6,328	31,204	911	12

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average Length of Stay	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
			5.4	2,926	809	3,735	692
409	Back Pain (MNRH)	Pix1	4.4	2,409	655	3,064	690
409		Pix2	13.9	6,689	1,975	8,665	622
409		Pix3	14.7	8,221	2,138	10,359	703
409		Pix4	15.8	9,231	2,659	11,890	755
411	Signs, Symptoms And Deformities (MNRH)	Pix1	5.4	3,109	845	3,954	737
411		Pix2	5.1	2,904	804	3,708	730
411		Pix3	11.3	5,652	1,557	7,209	639
411		Pix4	13.4	7,181	1,943	9,123	681
411		Pix4	30.3	18,597	5,361	23,958	792
413	Joint Derangements (MNRH)	Pix1	5.2	3,067	910	3,977	763
413		Pix2	3.6	2,529	711	3,240	888
413		Pix2	9.1	3,959	1,292	5,252	576
413		Pix3	12.8	8,110	2,188	10,298	805
413		Pix4	17.0	8,340	2,283	10,623	625
414	Sprains Strains And Minor Injuries (MNRH)	Pix1	4.3	2,525	686	3,210	748
414		Pix2	3.8	2,184	601	2,785	738
414		Pix2	13.5	6,938	1,806	8,744	648
414		Pix3	21.3	11,597	3,652	15,249	715
414		Pix4	10.0	8,052	1,950	10,002	1,000
425	Skin Graft And Wound Debridement For Dermatologic Dis Except Ulcer Or Cellulitis	Pix1	1.4	2,950	907	3,856	2,843
425		Pix1	1.3	2,922	899	3,821	2,848
425		Pix2	6.4	9,367	2,678	12,044	1,879
425		Pix3	7.7	13,249	4,424	17,673	2,295
425		Pix4	17.8	25,382	6,483	31,865	1,787
427	Skin Graft And Wound Debridement For Skin Ulcer Or Cellulitis	Pix1	26.5	18,751	5,832	24,583	926
427		Pix1	13.2	8,560	2,754	11,314	858
427		Pix2	67.4	43,527	12,712	56,240	834
427		Pix3	39.6	27,507	8,581	36,088	911
427		Pix4	57.6	44,701	13,848	58,549	1,016

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
428 Breast Procedures Except Biopsy/ And Local Excision Without Malignancy								
428	Px1	1.3	3,085	818	3,903	2,974		269
428	Px2	1.3	3,023	805	3,829	2,985		262
428	Px3	2.9	6,745	1,746	8,491	2,972		7
428	Px4	7.5	11,924	2,855	14,780	1,971		2
428		4.0	6,330	1,100	7,429	1,857		1
429 Total Mastectomy For Breast Malignancy								
429	Px1	1.6	3,029	831	3,859	2,421		1,375
429	Px2	5.1	5,509	1,725	7,234	1,425		26
429	Px3	6.1	6,656	2,018	8,674	1,422		10
429	Px4	16.0	18,805	3,647	22,453	1,403		1
432 Subtotal Mastectomy And Other Breast Procedures For Malignancy								
432	Px1	1.3	2,628	704	3,332	2,600		1,190
432	Px2	1.3	2,620	701	3,321	2,602		1,180
432	Px3	3.3	4,748	1,264	6,012	1,837		11
432	Px4	14.2	10,758	3,022	13,780	970		5
434 Breast Biopsy And Local Excision Without Malignancy								
434	Px1	1.0	1,914	577	2,491	2,491		73
434	Px2	1.0	1,913	578	2,490	2,490		72
434	Px3	2.0	2,834	1,321	4,155	2,078		1
434	Px4	361.0	465,936	109,990	575,926	1,595		1
435 Perianal And Pilonidal Cyst Procedures								
435	Px1	2.1	1,870	601	2,471	1,197		63
435	Px2	5.4	4,364	1,317	5,681	1,052		5
435	Px3	12.0	7,700	2,515	10,215	851		1
435	Px4	64.0	40,129	11,813	51,942	812		5
436 Plastic Surgery								
436	Px1	1.6	2,789	943	3,732	2,402		56
436	Px2	31.0	20,179	5,615	25,794	832		56
436	Px3	16.0	11,572	3,416	14,989	937		1
436	Px4	34.0	18,796	6,269	25,066	737		1

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average Loss	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
437	Other Dermatological Procedures Without Malignancy Or Skin Ulcer Or Cellulitis	Pb1	3.6	3,403	1,005	4,408	1,230	285
437		Pb2	2.9	2,927	879	3,806	1,311	249
437		Pb3	7.1	5,927	1,589	7,516	1,057	18
437		Pb4	11.8	11,576	2,970	14,545	1,231	11
437		Pb4	26.0	26,627	6,809	33,436	1,286	10
438	Other Dermatological Procedures For Malignancy Or Skin Ulcer Or Cellulitis	Pb1	9.1	7,627	2,168	9,795	1,071	233
438		Pb2	4.5	4,330	1,262	5,592	1,251	166
438		Pb3	20.5	12,021	3,675	15,696	766	24
438		Pb3	19.5	13,582	3,868	17,450	895	18
438		Pb4	42.3	37,351	9,980	47,331	1,119	31
439	Skin Ulcer	Pb1	19.2	11,201	3,450	14,651	764	99
439		Pb2	15.0	8,206	2,653	10,859	723	53
439		Pb2	18.6	9,885	3,050	12,935	695	10
439		Pb3	20.1	11,299	3,353	14,652	727	21
439		Pb4	38.1	26,213	7,949	34,162	898	16
440	Major Skin Disorders	Pb1	5.3	3,674	1,052	4,726	895	99
440		Pb1	4.7	3,114	907	4,021	853	83
440		Pb2	7.6	5,361	1,345	6,706	882	10
440		Pb3	14.4	10,280	3,150	13,430	934	8
440		Pb4	30.6	38,664	9,188	47,853	1,564	5
443	Malignant Breast Disorders	Pb1	10.9	6,237	1,787	8,024	736	63
443		Pb1	6.9	4,490	1,258	5,748	830	26
443		Pb2	13.2	6,707	1,982	8,690	660	19
443		Pb3	14.4	7,193	2,295	9,488	660	8
443		Pb4	14.2	9,120	2,382	11,502	810	10
446	Non-Malignant Breast Disorders	Pb1	1.7	1,436	412	1,848	1,066	30
446		Pb2						
446		Pb3						
446		Pb4						

Schedule 1 – Inpatient Cost Results

CMG Code Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Cost per Day	Costed Cases
447 Cellulitis						
447	Ptx1	5.3	3,457	1,046	4,503	709
	Ptx2	9.3	4,709	1,471	6,180	663
	Ptx3	10.2	5,710	1,798	7,508	733
	Ptx4	22.2	12,350	3,701	16,051	722
447 Trauma Of Skin, Subcutaneous Tissue And Breast						
452	Ptx1	3.0	2,054	540	2,595	888
	Ptx2	7.5	3,872	1,094	4,965	652
	Ptx3	6.0	3,476	978	4,454	742
	Ptx4	9.0	7,243	1,507	8,750	972
454 Minor Skin Disorders						
454	Ptx1	3.5	2,720	709	3,428	969
	Ptx2	3.2	2,370	648	3,017	950
	Ptx3	9.2	5,515	1,588	7,103	776
	Ptx4	18.5	14,516	3,511	18,027	974
476 PWS - Adrenal And Pituitary Procedures						
476	Ptx1	3.7	6,792	1,724	8,516	2,032
	Ptx2	11.5	16,654	3,407	20,061	1,748
	Ptx3	11.2	17,275	3,981	21,256	1,898
	Ptx4	17.1	26,293	5,267	31,560	1,843
477 Parathyroid Procedures						
477	Ptx1	1.9	3,373	972	4,345	2,287
	Ptx2	1.7	3,149	915	4,064	2,416
	Ptx3	4.1	6,613	1,744	8,357	2,033
	Ptx4	4.2	5,193	1,211	6,404	1,517
478 Obesity Procedures						
478	Ptx1	4.1	4,838	1,556	6,394	1,561
	Ptx2	4.0	4,671	1,516	6,187	1,555
	Ptx3	5.6	6,021	2,014	8,035	1,428
	Ptx4	16.3	27,245	7,304	34,549	2,126

Schedule 1 – Inpatient Cost Results

CMI Code	Description	Complexity Level	Average LOS	Direct Cost	Indirect Cost	Average Cost	Cost per Day	Costed Cases
479	Thyroid Procedures	1.5	3,058	981	4,039	2,672	1,446	
479		Pix1	1.5	3,032	974	4,005	2,692	1,423
479		Pix2	3.0	4,806	1,601	6,407	2,136	12
479		Pix3	5.0	6,959	1,941	8,900	1,780	19
479		Pix4	13.9	19,788	4,078	23,866	1,718	9
480	Thyroglossal Procedures	1.2	1,896	740	2,636	2,220	16	
480		Pix1	1.2	1,896	740	2,636	2,220	16
480		Pix2						
480		Pix3						
480		Pix4						
482	Other Endocrine, Nutrition And Metabolic Procedures	9.6	24,994	4,326	29,320	3,055	186	
482		Pix1	5.4	25,892	3,792	29,684	5,516	110
482		Pix2	10.7	21,870	4,092	25,962	2,434	21
482		Pix3	16.4	20,522	4,970	25,492	1,554	22
482		Pix4	32.0	44,286	10,162	54,448	1,703	42
483	Diabetes	4.9	3,148	902	4,050	821	1,878	
483		Pix1	3.8	2,356	689	3,045	810	1,369
483		Pix2	9.1	4,984	1,471	6,455	710	215
483		Pix3	7.7	4,853	1,416	6,269	816	197
483		Pix4	15.9	13,471	3,618	17,089	1,078	136
485	Nutritional And Miscellaneous Metabolic Disorders	5.6	3,652	1,012	4,664	840	1,839	
485		Pix1	4.2	2,698	761	3,459	825	1,180
485		Pix2	8.1	4,974	1,404	6,378	792	342
485		Pix3	8.7	5,942	1,664	7,605	872	219
485		Pix4	14.5	10,131	2,754	12,885	887	120
487	Cystic Fibrosis	11.7	10,866	2,474	13,340	1,137	180	
487		Pix1	11.6	11,095	2,616	13,711	1,186	113
487		Pix2	11.4	9,378	2,115	11,493	1,011	19
487		Pix3	11.5	9,799	2,047	11,846	1,026	35
487		Pix4	19.2	22,502	4,569	27,071	1,407	17

Schedule 1 – Inpatient Cost Results

CMG	Code Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
488	Inborn Errors Of Metabolism		5.8	12,155	1,259	13,415	2,324
488		Px1	5.4	12,834	1,194	14,028	2,605
488		Px2	5.5	3,431	955	4,396	798
488		Px3	11.2	18,938	2,615	21,554	1,924
488		Px4	38.0	39,626	6,937	46,564	1,225
489	Endocrine Disorders		6.1	3,985	1,065	5,050	828
489		Px1	4.6	2,957	790	3,747	812
489		Px2	13.8	7,561	2,143	9,704	703
489		Px3	12.2	7,401	2,175	9,576	782
489		Px4	17.7	23,218	5,423	28,641	1,621
500	PWIS - Kidney Transplant		10.4	18,044	4,541	22,585	2,166
500		Px1	8.0	13,068	3,462	16,530	2,070
500		Px2	9.5	14,507	3,905	18,412	1,930
500		Px3	12.8	21,919	5,538	27,457	2,144
500		Px4	19.8	36,504	8,325	44,830	2,260
501	Urinary Diversion And Augmentation		11.3	11,822	3,691	15,513	1,374
501		Px1	9.4	9,943	3,098	13,041	1,389
501		Px2	12.4	13,033	4,305	17,338	1,394
501		Px3	18.0	17,234	5,373	22,606	1,259
501		Px4	23.2	24,391	7,239	31,630	1,365
502	Radical Prostatectomy		3.7	5,142	1,646	6,788	1,832
502		Px1	3.6	5,092	1,625	6,717	1,847
502		Px2	4.7	5,892	1,972	7,864	1,668
502		Px3	6.6	6,863	2,292	9,156	1,382
502		Px4	9.5	8,689	2,505	11,194	1,178
503	Dialysis Procedures		6.6	6,945	1,881	8,826	1,346
503		Px1	1.2	1,926	697	2,624	2,243
503		Px2	5.3	6,443	1,662	8,104	1,537
503		Px3	22.0	20,704	4,919	25,623	1,162
503		Px4	57.6	63,749	14,892	78,640	1,365

Schedule 1 – Inpatient Cost Results

CMQ Code	Description	Complexity Level	Average Lqs	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Cost per Day Cycles	Costed Cycles
504	Major Urinary Tract Procedures	4.7	6,211	1,814	8,025	1,693	1,170	
504	Pix1	4.4	5,864	1,716	7,581	1,738	1,030	
504	Pix2	7.2	8,537	2,515	11,052	1,527	80	
504	Pix3	8.7	9,567	2,868	12,435	1,435	39	
504	Pix4	21.5	30,525	7,460	37,985	1,771	40	
505	Reconstructive Urological Procedures	3.7	3,679	1,289	4,968	1,344	92	
505	Pix1	3.4	3,417	1,187	4,604	1,347	84	
505	Pix2	8.7	9,070	3,307	12,377	1,423	10	
505	Pix3	3.5	2,780	1,055	3,836	1,096	2	
505	Pix4	33.7	47,712	13,220	60,932	1,810	3	
506	Open Prostatectomy	4.8	4,335	1,639	5,973	1,239	28	
506	Pix1	4.0	3,687	1,425	5,111	1,278	23	
506	Pix2	6.4	5,678	2,241	7,919	1,237	5	
506	Pix3	10.5	7,954	2,689	10,643	1,014	2	
506	Pix4	14.5	13,488	4,414	17,902	1,295	2	
507	Vascular And Other Urinary Procedures	10.7	14,570	3,529	18,099	1,693	42	
507	Pix1	4.9	7,282	1,643	8,925	1,835	22	
507	Pix2	12.0	13,142	3,883	17,025	1,419	5	
507	Pix3	11.4	10,535	2,468	13,003	1,141	5	
507	Pix4	26.6	36,169	8,302	44,472	1,670	16	
508	Minor Upper Urinary Tract Procedures	3.7	5,034	1,449	6,483	1,775	422	
508	Pix1	3.0	4,566	1,330	5,896	1,958	373	
508	Pix2	6.3	6,232	1,924	8,157	1,298	14	
508	Pix3	11.0	10,620	2,762	13,382	1,221	25	
508	Pix4	24.4	26,366	7,011	33,377	1,366	14	
509	Minor Lower Urinary Tract Procedures	2.8	3,991	1,159	5,150	1,860	182	
509	Pix1	2.7	3,993	1,156	5,149	1,875	177	
509	Pix2	11.2	9,407	2,546	11,932	1,070	6	
509	Pix3	12.8	17,388	4,808	22,196	1,741	4	
509	Pix4	19.3	12,670	3,785	16,455	855	4	

Schedule 1 – Inpatient Cost Results

CMG Code Description	Complexity Level	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
510 Transurethral Prostatectomy					
510	Px1	2.0	2,315	725	3,041
	Px2	2.0	2,257	708	2,965
	Px3	5.8	4,810	1,474	6,284
	Px4	8.0	5,496	1,636	7,132
					891
510					24
510	Px1	12.2	11,081	2,969	14,050
	Px2				1,153
	Px3				11
512 Other Transurethral Or Biopsy Procedures (MNRH)					
512	Px1	1.4	1,652	449	2,101
	Px2	1.4	1,638	445	2,083
	Px3	5.9	4,716	1,316	6,032
	Px4	7.4	5,042	1,520	6,562
					882
512					18
512	Px1	21.7	20,166	4,760	24,926
	Px2				1,148
	Px3				17
514 Miscellaneous Urinary Tract Procedures (MNRH)					
514	Px1	1.3	1,485	457	1,943
	Px2				1,442
	Px3				23
514					
514	Px4				
520 Renal Failure With Dialysis					
520	Px1	15.4	14,246	3,557	17,802
	Px2	12.3	9,886	2,502	12,388
	Px3				1,011
	Px4				95
520					
520	Px1	12.8	10,744	2,659	13,403
	Px2				1,044
	Px3				57
520					
520	Px1	17.3	14,983	3,903	18,886
	Px2				1,095
	Px3				51
520					
521 Renal Failure Without Dialysis					
521	Px1	23.6	26,283	6,509	32,791
	Px2				1,388
	Px3				63
521					
521	Px4	8.5	5,491	1,541	7,032
	Px5				830
	Px6				1,100
521					
521	Px1	6.2	3,815	1,075	4,890
	Px2	9.2	5,561	1,604	7,165
	Px3	12.6	7,661	2,163	9,824
	Px4	20.0	14,829	4,085	18,914
	Px5				944
521					122
521					
522 Urinary Neoplasm					
522	Px1	10.6	6,369	1,854	8,222
	Px2				775
	Px3				308
522					
522	Px4	14.7	9,136	2,575	11,711
	Px5				797
	Px6				40
522					
522	Px7	23.1	14,761	4,121	18,881
	Px8				817
	Px9				40
522					

Schedule 1 – Inpatient Cost Results

CMG	Code	Description	Complexity Level	Average LOS	Average Indirect Cost		Average Cost per Day	Cost/Cased Cases
					Average Direct Cost	Average Indirect Cost		
524	524	Nephrotic Syndrome	Pix1	3.6	2,957	752	3,709	1,028
524	524		Pix2	7.4	3,701	1,107	4,808	650
524	524		Pix3	7.4	4,299	1,375	5,674	767
524	524		Pix4	20.8	17,442	4,081	21,523	1,035
525	525	Nephropathy Without Nephrotic Syndrome	Pix1	5.4	4,315	1,120	5,435	1,000
525	525		Pix2	3.1	2,790	759	3,550	1,128
525	525		Pix3	6.5	5,190	1,178	6,368	980
525	525		Pix4	9.9	7,642	1,916	9,558	970
525	525		Pix4	11.5	8,919	2,193	11,112	966
526	526	Miscellaneous Nephrological Diagnosis	Pix1	4.6	3,194	856	4,050	875
526	526		Pix2	3.8	2,932	771	3,703	984
526	526		Pix3	11.0	6,859	2,027	8,886	808
526	526		Pix4	6.8	4,120	1,095	5,215	773
526	526		Pix4	28.5	32,249	9,269	41,517	1,457
527	527	Upper Urinary Tract Infection	Pix1	4.2	2,804	853	3,657	870
527	527		Pix2	4.0	2,651	825	3,476	868
527	527		Pix2	7.2	4,786	1,335	6,121	848
527	527		Pix3	6.8	4,130	1,120	5,249	772
527	527		Pix4	11.7	11,090	2,605	13,696	1,169
529	529	Lower Urinary Tract Infection	Pix1	6.3	3,772	1,099	4,871	774
529	529		Pix2	5.0	2,922	864	3,786	764
529	529		Pix3	8.9	5,003	1,460	6,464	723
529	529		Pix4	15.6	11,650	3,083	14,734	946
532	532	Urinary Retention And Other Functional Disorders Of Bladder	Pix1	8.3	4,771	1,430	6,201	743
532	532		Pix2	3.6	2,642	669	3,311	910
532	532		Pix3	3.1	2,408	606	3,014	975
532	532		Pix4	16.5	8,991	2,648	11,638	705

Schedule 1 -- Inpatient Cost Results

CHG Code Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Casted Cases
534 Miscellaneous Urological Diagnoses (MNRH)						
534	Px1	2.7	1,976	578	2,554	920
534	Px2	5.4	4,097	1,047	5,144	956
534	Px3	6.9	6,289	1,699	7,988	1,154
534	Px4	25.8	18,124	5,222	23,346	905
535 Hematuria (MNRH)						
535	Px1	3.5	2,193	651	2,844	805
535	Px2	3.2	1,929	580	2,510	794
535	Px3	6.9	4,195	1,226	5,422	789
535	Px4	19.4	10,397	3,308	13,705	707
536 Urinary Obstruction (MNRH)						
536	Px1	1.8	1,495	428	1,923	1,071
536	Px2	4.4	2,897	869	3,766	852
536	Px3	5.0	3,781	1,090	4,871	979
536	Px4	19.2	10,987	3,381	14,368	748
538 Admission For Dialysis (MNRH)						
538	Px1	3.5	4,016	944	4,960	1,417
538	Px2	2.5	2,628	773	3,401	1,360
538	Px3	7.0	7,191	1,580	8,771	1,253
538	Px4	2.0	3,617	649	4,266	2,133
550 Major Pelvic And Retroperitoneum Procedures						
550	Px1	7.4	14,239	3,979	18,218	2,462
550	Px2	5.5	9,352	2,796	12,148	2,209
550	Px3	28.0	33,614	10,051	43,665	1,559
550	Px4	15.0	33,788	8,711	42,499	2,833
551 Penis Procedures						
551	Px1	1.4	2,703	806	3,508	2,595
551	Px2	1.3	2,700	806	3,505	2,600
551	Px3	4.8	4,568	1,464	6,031	1,270
551	Px4	46.2	59,490	15,717	75,207	1,628

Schedule 1 – Inpatient Cost Results

CMG	Description	Average Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Custodial Cases
552	Testes Procedures	1.4	2,066	567	2,633	1,909	227	
552	Pix1	1.4	2,061	565	2,627	1,904	224	
552	Pix2	8.0	5,450	1,579	7,029	879	5	
552	Pix3	17.3	16,752	5,163	21,915	1,270	4	
552	Pix4	29.8	51,051	13,938	64,989	2,184	8	
554	Miscellaneous Male Reproductive System Procedures (MNRH)	1.0	1,464	453	1,917	1,917	146	
554	Pix1	1.0	1,445	447	1,892	1,892	145	
554	Pix2	10.0	7,589	2,631	10,220	1,022	2	
554	Pix3	2.0	2,733	733	3,465	1,733	1	
554	Pix4	23.0	35,962	9,626	45,588	1,982	5	
555	Circumcision (MNRH)	1.0	1,550	500	2,050	2,050	16	
555	Pix1	1.0	1,550	500	2,050	2,050	16	
555	Pix2	3.0	3,523	1,024	4,547	1,516	1	
555	Pix3							
555	Pix4							
560	Malignancy Of Male Reproductive Organ	11.8	9,672	2,326	11,998	1,014	6	
560	Pix1	5.3	6,183	1,196	7,379	1,406	4	
560	Pix2	6.0	7,107	1,347	8,453	1,409	1	
560	Pix3	12.0	7,047	2,166	9,213	768	2	
560	Pix4	17.0	19,669	3,108	22,777	1,340	1	
561	Male Reproductive System Inflammation	3.6	2,197	664	2,861	793	84	
561	Pix1	3.5	2,138	642	2,780	788	78	
561	Pix2	4.0	2,401	820	3,221	805	5	
561	Pix3	4.5	3,804	1,067	4,871	1,082	2	
561	Pix4	7.0	5,652	1,332	6,984	998	1	
562	Other Male Reproductive System Diagnoses	2.8	1,769	547	2,315	837	17	
562	Pix1	2.6	1,697	515	2,212	863	16	
562	Pix2	4.5	2,189	723	2,912	647	2	
562	Pix3							
562	Pix4	14.0	11,643	3,384	15,026	1,073	2	

Schedule 1 -- Inpatient Cost Results

CMG Code Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Cost per Day Casus	Costed Casus
563 Miscellaneous Male Reproductive System Diagnoses (M/NR/H)							
563	Ptx1	2.8	1,952	549	2,501	893	15
563	Ptx2	2.9	1,989	558	2,547	870	14
563	Ptx3	1.0	1,436	421	1,858	1,858	1
563	Ptx4						
575 PWS - Pelvic Exenteration							
575	Ptx1	11.8	13,152	3,851	17,003	1,447	4
575	Ptx2	14.0	15,100	3,400	18,500	1,321	2
575	Ptx3						
575	Ptx4						
576 PWS - Radical Hysterectomy And Vulvectomy							
576	Ptx1	5.6	5,900	1,984	7,884	1,412	142
576	Ptx2	5.1	5,599	1,884	7,483	1,472	118
576	Ptx3	7.4	7,741	2,280	10,021	1,346	9
576	Ptx4	7.8	6,813	2,473	9,287	1,191	10
576	Ptx5						
577 Major Gynecological Procedures For Ovarian Or Adnexal Malignancy							
577	Ptx1	6.0	6,339	1,948	8,287	1,381	379
577	Ptx2	5.2	5,470	1,754	7,223	1,398	278
577	Ptx3						
577	Ptx4						
578 Major Gynecological Procedures For Malignancy Except Ovarian Or Adnexal							
578	Ptx1	4.0	4,348	1,399	5,747	1,421	590
578	Ptx2	3.8	4,113	1,342	5,455	1,432	527
578	Ptx3						
578	Ptx4						
579 Major Uterine And Adnexal Procedures Without Malignancy							
579	Ptx1	3.1	3,095	1,053	4,147	1,346	8,286
579	Ptx2	3.0	3,047	1,035	4,083	1,349	8,041
579	Ptx3	5.1	4,821	1,663	6,483	1,259	148
579	Ptx4	6.3	5,610	1,950	7,560	1,198	112
579	Ptx5	7.9	7,720	2,595	10,316	1,312	36

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average Los	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Cost Cases
581	Reconstructive Gynecological Procedures	Pix1	2.7	2,881	920	3,801	1,407
581		Pix2	2.7	2,867	911	3,778	1,408
581		Pix3	6.2	5,857	1,939	7,796	1,253
581		Pix4	7.7	6,327	2,051	8,379	1,087
581		Pix4	9.5	7,691	3,102	10,794	1,136
582	Other Gynecological Procedures	Pix1	3.5	3,294	1,107	4,401	1,262
582		Pix2	3.2	3,064	1,029	4,092	1,262
582		Pix3	4.2	3,366	1,189	4,554	1,084
582		Pix4	7.2	6,898	2,904	9,801	1,368
582		Pix4	10.8	9,196	2,412	11,608	1,075
583	Radio-Implant For Malignancy	Pix1	2.1	2,664	665	3,329	1,557
583		Pix2	2.2	2,690	664	3,355	1,553
583		Pix3	Pix3	Pix3	Pix3	Pix3	Pix3
583		Pix4	5.0	4,676	1,173	5,849	1,170
583		Pix4	2.6	2,311	891	3,202	1,209
584	Vagina, Cervix And Vulva Procedures	Pix1	2.6	2,293	883	3,176	1,211
584		Pix2	4.8	4,432	1,364	5,796	1,207
584		Pix3	10.7	6,475	2,533	9,008	844
584		Pix4	Pix4	Pix4	Pix4	Pix4	Pix4
585	Gynecological Laparoscopy (MNRH)	Pix1	2.2	1,765	574	2,339	1,082
585		Pix2	2.1	1,736	561	2,296	1,102
585		Pix3	5.0	2,821	1,062	3,882	776
585		Pix4	Pix4	Pix4	Pix4	Pix4	Pix4
586	Tubal Interruption (MNRH)	Pix1	1.7	1,747	570	2,316	1,373
586		Pix2	1.6	1,718	530	2,249	1,406
586		Pix3	3.0	2,168	1,162	3,330	1,110
586		Pix4	Pix4	Pix4	Pix4	Pix4	Pix4

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
587	Miscellaneous Gynecological Procedures (MNRH)						
587		Px1	1.2	1,040	328	1,368	1,102
587		Px2	4.6	3,359	850	4,209	915
587		Px3	18.6	10,772	2,855	13,628	733
587		Px4	33.0	29,614	8,376	37,990	1,151
592	Malignancy Of Female Reproductive Organ						
592		Px1	5.9	3,406	1,079	4,485	759
592		Px2	9.6	5,262	1,697	6,958	724
592		Px3	11.0	6,846	1,871	8,716	792
592		Px4	23.4	12,559	4,581	17,140	733
594	Female Reproductive System Infection						
594		Px1	3.1	1,783	582	2,365	757
594		Px2	9.2	5,062	1,521	6,583	718
594		Px3	3.7	2,570	579	3,149	859
594		Px4					3
595	Other Female Reproductive System Diagnoses And Injuries						
595		Px1	1.8	1,060	305	1,365	780
595		Px2	2.0	1,403	488	1,890	945
595		Px3	8.0	3,972	1,497	5,469	684
595		Px4					3
596	Miscellaneous Gynecological Diagnoses (MNRH)						
596		Px1	1.9	1,358	446	1,804	942
596		Px2	4.3	2,580	872	3,452	812
596		Px3	3.0	2,441	631	3,071	1,024
596		Px4					5
599	Premature Labour						
599		Px9	3.3	1,929	567	2,497	752
600	Major Procedures In Pregnancy Or Childbirth						
600		Px9	4.2	4,597	1,336	5,934	1,428
601	Repeat Caesarean Delivery With Complicating Diagnosis						
601		Px9	3.2	2,812	850	3,662	1,154
							1,598

Schedule 1 – Inpatient Cost Results

CNG Code	Description	Complexity Level	Average LOS	Average Cost	Average Indirect Cost	Average Cost	Cost per Day	Cost Cases
601		Px9	3.2	2,812	850	3,662	1,154	1,598
602	Caesarean Delivery With Complicating Diagnosis	Px9	3.8	3,530	1,043	4,573	1,203	4,139
602		Px9	3.8	3,530	1,043	4,573	1,203	4,139
603	Repeat Caesarean Delivery	Px9	2.7	2,261	707	2,968	1,093	3,063
603		Px9	2.7	2,261	707	2,968	1,093	3,063
604	Caesarean Delivery	Px9	3.2	2,898	875	3,773	1,192	4,447
604		Px9	3.2	2,898	875	3,773	1,192	4,447
605	Fetal Surgery	Px9	2.6	2,949	711	3,660	1,423	7
605		Px9	2.6	2,949	711	3,660	1,423	7
606	Vaginal Delivery With Sterilization Procedures	Px9	2.3	2,517	796	3,312	1,449	28
606		Px9	2.3	2,517	796	3,312	1,449	28
607	Vaginal Delivery With Minor Procedures	Px9	2.2	2,311	698	3,009	1,367	248
607		Px9	2.2	2,311	698	3,009	1,367	248
608	Vaginal Delivery After Caesarean (VBAC) With Complicating Diagnosis	Px9	1.7	1,922	522	2,445	1,468	544
608		Px9	1.7	1,922	522	2,445	1,468	544
609	Vaginal Delivery With Complicating Diagnosis	Px9	1.9	1,976	556	2,532	1,311	15,318
609		Px9	1.9	1,976	556	2,532	1,311	15,318
610	Vaginal Delivery After Caesarean Delivery (VBAC)	Px9	1.4	1,680	466	2,146	1,497	838
610		Px9	1.4	1,680	466	2,146	1,497	838
611	Vaginal Delivery	Px9	1.4	1,530	440	1,970	1,359	20,220
611		Px9	1.4	1,530	440	1,970	1,359	20,220
612	Ectopic Pregnancy With Major Procedures	Px9	3.2	3,049	1,063	4,111	1,303	167
612		Px9	3.2	3,049	1,063	4,111	1,303	167
613	Ectopic Pregnancy With Minor Procedures	Px9	1.5	1,855	566	2,421	1,600	493
613		Px9	1.5	1,855	566	2,421	1,600	493
614	Ectopic Pregnancy	Px9	1.0	511	173	684	684	111
614		Px9	1.0	511	173	684	684	111
615	Threatened Abortion	Px9	1.4	783	246	1,029	747	98
615		Px9	1.4	783	246	1,029	747	98

Schedule 1 – Inpatient Cost Results

CMG Code Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
616 Abortive Outcome With Injection	Px9	1.5	1,247	428	1,675	1,117
616 Abortive Outcome With D And C	Px9	1.0	783	233	1,016	1,016
617 Abortive Outcome With D And C	Px9	1.0	783	233	1,016	2,078
618 Abortive Outcome	Px9	1.0	1,012	286	1,298	350
618 False Labour LOS < 3 Days (MNRH)	Px9	1.0	1,012	286	1,298	350
619 Post-Partum Diagnosis With Procedures Other Than D And C	Px9	1.0	684	184	868	868
619 Post-Partum Diagnosis With D And C	Px9	1.0	684	184	868	774
620 Post-Partum Diagnosis With Complicating Diagnosis	Px9	3.6	3,404	1,047	4,451	1,227
620 Post-Partum Diagnosis With D And C	Px9	1.3	1,059	319	1,377	1,069
621 Post-Partum Diagnosis With Complicating Diagnosis	Px9	1.3	1,059	319	1,377	1,069
621 Post-Partum Diagnosis	Px9	2.4	1,408	459	1,867	784
622 Antepartum Diagnosis	Px9	2.4	1,408	459	1,867	784
623 Antepartum Diagnosis With Complicating Diagnosis	Px9	2.9	1,580	478	2,057	721
623 Antepartum Diagnosis	Px9	2.9	1,580	478	2,057	721
624 Antepartum Diagnosis	Px9	1.7	1,091	313	1,405	825
624 PWS - Neonates Weight < 750 Grams	Px9	1.7	1,091	313	1,405	825
625 PWS - Neonates Weight 750-999 Grams	Px9	4.4	11,608	2,401	14,009	3,184
625 PWS - Neonates Weight 1000-1499 gm With Catastrophic Diagnosis	Px9	41.7	64,816	13,745	78,560	1,884
626 PWS - Neonates Weight 1000-1499 gm Without Catastrophic Diagnosis	Px9	41.7	64,816	13,745	78,560	1,884
627 PWS - Neonates Weight 1500-1999 gm With Catastrophic Diagnosis	Px9	26.7	48,428	9,927	58,354	2,188
627 PWS - Neonates Weight 1500-1999 gm Without Catastrophic Diagnosis	Px9	26.7	48,428	9,927	58,354	2,188
628 PWS - Neonates Weight 1500-1999 gm With Major Problem Diagnosis	Px9	26.6	32,074	7,336	39,409	1,483
628 PWS - Neonates Weight 1500-1999 gm Without Major Problem Diagnosis	Px9	26.6	32,074	7,336	39,409	1,483
630 Neonates Weight 1500-1999 gm With Major Problem Diagnosis	Px9	26.8	41,315	10,040	51,355	1,916
630 Neonates Weight 1500-1999 gm Without Major Problem Diagnosis	Px9	18.1	22,697	5,016	27,713	1,531
631 Neonates Weight 1500-1999 gm With Major Problem Diagnosis						389

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average L05	Average L05	Average Direct Cost	Indirect Cost	Average Cost per Day	Casted Cost	Casted Cases
			Pix9	18.1	22,697	5,016	27,713	1,531	389
631	Neonates Weight 1500-1999 gm With Mod Or Minor Or No Problem Diagnosis	Pix9	13.9	11,916	2,739	14,654	1,055	1,091	
632	PWS - Neonates Weight 2000-2499 gm With Catastrophic Diagnosis	Pix9	13.9	11,916	2,739	14,654	1,055	1,091	
633	Neonates Weight 2000-2499 gm With Major Problem Diagnosis	Pix9	14.6	21,273	3,378	24,652	1,688	5	
634	Neonates Weight 2000-2499 gm With Moderate Problem Diagnosis	Pix9	14.6	21,273	3,378	24,652	1,688	5	
635	Neonates Weight 2000-2499 gm With Minor Problem Diagnosis	Pix9	10.9	15,346	3,138	18,484	1,703	366	
636	Neonates Weight 2000-2499 gm With No Problem Diagnosis	Pix9	10.9	15,346	3,138	18,484	1,703	366	
637	Neonates Weight 2000-2499 gm With Problem Diagnosis	Pix9	9.1	9,023	2,015	11,038	1,217	454	
638	PWS - Neonates Weight 2000-2499 gm With Problem Diagnosis	Pix9	9.1	9,023	2,015	11,038	1,217	454	
639	Neonates Weight 2000-2499 gm With Minor Problem Diagnosis	Pix9	5.5	4,068	1,034	5,102	921	1,979	
640	Neonates Weight 2000-2499 gm With No Problem Diagnosis	Pix9	5.5	4,068	1,034	5,102	921	1,979	
641	PWS - Neonates Weight > 2500 gm With Catastrophic Diagnosis	Pix9	1.6	732	292	1,024	651	408	
642	Neonates Weight > 2500 gm With Major Problem Diagnosis	Pix9	5.7	9,788	2,024	11,812	2,076	1,182	
643	Neonates Weight > 2500 gm With Moderate Problem Diagnosis	Pix9	3.4	3,410	821	4,231	1,252	2,562	
644	Neonates Weight > 2500 gm With Minor Problem Diagnosis	Pix9	3.4	3,410	821	4,231	1,252	2,562	
645	Neonates Weight > 2500 gm With Caesarian Delivery	Pix9	2.8	1,060	429	1,488	531	10,890	
646	Neonates Weight > 2500 gm With Gastrostomy And Gastrostomy Procedures For Trauma	Pix9	2.8	1,060	429	1,488	531	10,890	
647	Neonates Weight > 2500 gm With Minor Problem Diagnosis	Pix9	2.2	1,632	472	2,104	950	3,840	
648	Neonates Weight > 2500 gm (Normal Newborn)	Pix9	1.3	537	217	754	591	33,661	
649	PWS - Tracheostomy And Gastrostomy Procedures For Trauma	Pix9	1.3	537	217	754	591	33,661	
650	PWS - Tracheostomy And Gastrostomy Procedures For Trauma	Pix1	11.9	19,794	5,422	25,216	1,409	10	
651		Pix2	21.0	37,513	8,671	46,184	2,199	8	
652		Pix3	50.0	45,597	11,400	56,997	1,140	7	
653		Pix4	45.4	86,820	18,606	105,426	2,323	211	

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
651	PWS - Intracranial Procedures With Spinal Procedures For Trauma	Px9	15.4	22,377	4,748	27,126	1,761
651	PWS - Intracranial Procedures With Spinal Procedures For Trauma	Px9	15.4	22,377	4,748	27,126	1,761
652	PWS - Intracranial Procedures With Femur Procedures For Trauma	Px9	25.2	74,446	13,169	87,616	3,477
652	PWS - Intracranial Procedures With Femur Procedures For Trauma	Px9	25.2	74,446	13,169	87,616	3,477
653	PWS - Intracranial Or Femur Procedures With Thoraco-Abdominal Procedures For Trauma	Px9	20.0	32,518	7,588	40,106	2,005
653	PWS - Intracranial Or Femur Procedures With Thoraco-Abdominal Procedures For Trauma	Px9	20.0	32,518	7,588	40,106	2,005
654	PWS - Intracranial Procedures W Wound Debridement Or Lower Extremity Proc For Trauma	Px9	8.4	22,742	4,976	27,718	3,282
654	PWS - Intracranial Procedures W Wound Debridement Or Lower Extremity Proc For Trauma	Px9	8.4	22,742	4,976	27,718	3,282
655	PWS - Spinal Procedures With Femur Procedures For Trauma	Px9	29.0	45,485	9,252	54,737	1,887
655	PWS - Spinal Procedures With Femur Procedures For Trauma	Px9	29.0	45,485	9,252	54,737	1,887
656	PWS - Spinal Procedures With Thoraco-Abdominal Procedures For Trauma	Px9	18.4	35,409	8,335	43,744	2,377
656	PWS - Spinal Procedures With Thoraco-Abdominal Procedures For Trauma	Px9	18.4	35,409	8,335	43,744	2,377
657	PWS - Spinal Procedures With Wound Debridement Or Lower Extremity Proc For Trauma	Px9	14.6	26,117	5,418	31,535	2,164
657	PWS - Spinal Procedures With Wound Debridement Or Lower Extremity Proc For Trauma	Px9	14.6	26,117	5,418	31,535	2,164
658	Femur Procedures With Wound Debridement Or Lower Extremity Proc For Trauma	Px9	16.5	24,573	6,187	30,759	1,865
658	Femur Procedures With Wound Debridement Or Lower Extremity Proc For Trauma	Px9	16.5	24,573	6,187	30,759	1,865
659	Thoraco-Abdominal Proc W Wound Debridement Or Lower Extremity Proc For Trauma	Px9	21.6	37,153	8,522	45,674	2,114
659	Thoraco-Abdominal Proc W Wound Debridement Or Lower Extremity Proc For Trauma	Px9	21.6	37,153	8,522	45,674	2,114
660	PWS - Intracranial Procedures For Trauma	Px1	7.8	15,483	3,202	18,685	2,389
660	PWS - Intracranial Procedures For Trauma	Px1	5.4	8,039	1,776	9,815	1,801
660	PWS - Intracranial Procedures For Trauma	Px2	7.7	14,907	3,027	17,933	2,325
660	PWS - Intracranial Procedures For Trauma	Px3	11.9	20,896	4,197	25,093	2,116
660	PWS - Intracranial Procedures For Trauma	Px4	15.1	34,995	7,164	42,159	2,792
661	PWS - Spinal Procedures For Trauma	Px1	11.6	16,538	3,532	20,069	1,732
661	PWS - Spinal Procedures For Trauma	Px1	8.5	11,819	2,557	14,375	1,697
661	PWS - Spinal Procedures For Trauma	Px2	12.3	17,071	3,815	20,886	1,697
661	PWS - Spinal Procedures For Trauma	Px3	18.1	24,409	5,450	29,859	1,647
661	PWS - Spinal Procedures For Trauma	Px4	18.2	33,645	6,552	40,197	2,211
662	Femur Or Pelvic Procedures For Trauma	Px1	10.3	8,887	2,439	11,326	1,103
662	Femur Or Pelvic Procedures For Trauma	Px1	8.0	7,049	1,932	8,982	1,122
662	Femur Or Pelvic Procedures For Trauma	Px1	8.0	7,049	1,932	8,982	1,122

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per day	Costed Cases
662		Pb2	13.8	11,622	3,253	14,875	1,081	398
662		Pb3	18.7	14,695	4,102	18,797	1,008	167
662	663 Thoraco-Abdominal Procedures For Trauma	Pb4	23.5	21,361	5,629	26,990	1,146	166
663		Pb1	7.0	9,218	2,302	11,520	1,652	361
663		Pb2	6.0	6,870	1,908	8,778	1,459	219
663		Pb3	7.4	9,559	2,288	11,846	1,611	62
663		Pb4	9.3	14,353	3,097	17,451	1,887	40
663	664 Wound Debridement And Skin Graft For Trauma	Pb1	18.5	37,966	7,606	45,572	2,462	59
664		Pb2	9.9	11,225	3,181	14,406	1,457	490
664		Pb3	7.9	8,340	2,454	10,794	1,368	391
664		Pb4	14.2	16,711	4,744	21,455	1,516	45
664		Pb1	20.5	24,348	6,593	30,940	1,508	31
664		Pb2	25.1	37,983	9,405	47,388	1,889	24
665	665 PWS - Elevated Skull Fractures	Pb1	5.3	9,029	2,169	11,197	2,095	29
665		Pb2	3.9	7,184	1,760	8,944	2,291	21
665		Pb3	10.1	15,275	3,525	18,800	1,857	8
665		Pb4	10.0	14,622	3,288	17,910	1,791	1
665	666 Major Lower Extremity Procedures For Trauma	Pb1	18.0	33,851	7,148	40,999	2,278	1
666		Pb2	3.0	3,709	1,062	4,772	1,579	3,921
666		Pb3	2.9	3,615	1,038	4,653	1,579	3,794
666		Pb4	10.2	11,128	2,852	13,980	1,372	220
666		Pb1	12.0	13,080	3,602	16,682	1,395	74
666		Pb2	22.5	29,317	7,518	36,834	1,636	45
667	667 Minor Lower Extremity Procedures For Trauma	Pb1	3.2	3,522	1,029	4,551	1,421	84
667		Pb2	3.1	3,473	1,016	4,489	1,439	83
667		Pb3	9.8	13,362	3,462	16,823	1,717	5
667		Pb4	15.5	23,950	4,537	28,486	1,838	2
668	668 Miscellaneous Musculoskeletal Procedures For Trauma	Pb1	3.1	4,013	1,258	5,271	1,726	844
668		Pb2	3.0	3,860	1,228	5,088	1,725	805

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Casted Cases
668		Px2	7.6	9,501	2,646	12,147	1,606
668		Px3	14.5	19,578	4,163	23,741	1,637
668		Px4	12.1	25,575	5,688	31,263	2,584
669	Vascular Repair For Trauma	Px1	2.6	4,382	1,338	5,720	2,201
669		Px2	2.5	4,018	1,281	5,299	2,157
669		Px3	9.9	12,295	2,814	15,109	1,533
669		Px4	2.0	6,775	1,920	8,695	4,347
670	Upper Extremity Procedures For Trauma	Px1	2.0	2,725	808	3,534	1,789
670		Px2	1.7	2,474	740	3,214	1,869
670		Px3	6.9	7,665	2,065	9,730	1,418
670		Px4	10.4	10,096	2,714	12,810	1,227
670		Px9	14.5	21,920	5,032	26,952	1,859
674	PW5 - Intracranial Injuries With Spinal Injuries	Px1	7.8	11,622	2,373	13,995	1,801
674		Px2	7.8	11,622	2,373	13,995	1,801
675	PW5 - Intracranial Injuries With Fractures Of Femur Or Pelvis	Px3	6.7	9,555	1,935	11,490	1,715
675		Px4	14.5	21,920	5,032	26,952	1,859
675		Px9	6.7	9,555	1,935	11,490	1,715
676	PW5 - Intracranial Injuries With Thoraco-Abdominal Injuries	Px1	8.8	12,935	2,768	15,703	1,791
676		Px2	8.8	12,935	2,768	15,703	1,791
677	Spinal Injuries With Fractures Of Femur	Px3	8.6	6,897	1,693	8,590	1,002
677		Px4	8.6	6,897	1,693	8,590	1,002
677		Px9	8.1	9,158	2,026	11,184	1,383
678	Spinal Injuries With Thoraco-Abdominal Injuries	Px1	8.1	9,158	2,026	11,184	1,383
678		Px2	8.1	9,158	2,026	11,184	1,383
678		Px3	8.3	6,232	1,546	7,778	932
678		Px4	8.3	6,232	1,546	7,778	932
679	Fractures Of Femur With Thoraco-Abdominal Injuries	Px5	8.3	6,232	1,546	7,778	932
679		Px9	10.7	5,947	1,700	7,647	718
680	Femur Or Pelvic Fractures And Dislocations	Px1	8.6	4,718	1,338	6,056	701
680		Px2	16.7	8,767	2,577	11,344	680
680		Px3	18.2	10,500	3,075	13,575	747
680		Px4	27.1	17,970	4,999	22,969	849
680		Px9	27.1	17,970	4,999	22,969	849

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average Average Los	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Average Costed Cases
681	Frostbite		13.9	9,652	2,907	12,559	904
681		Ptx1	11.0	7,465	2,505	9,970	903
681		Ptx2	28.5	17,773	5,056	22,829	801
681		Ptx3	11.8	7,678	2,024	9,702	826
681		Ptx4	19.0	26,906	5,301	32,207	1,695
682	Spinal Injuries		5.6	4,021	977	4,998	898
682		Ptx1	4.9	3,427	833	4,260	873
682		Ptx2	6.9	5,107	1,199	6,306	916
682		Ptx3	15.4	9,778	2,498	12,276	797
682		Ptx4	26.2	19,587	4,930	24,516	936
683	Intracranial Injuries		4.8	5,268	1,139	6,407	1,322
683		Ptx1	3.9	3,895	852	4,747	1,209
683		Ptx2	6.7	5,592	1,412	7,005	1,040
683		Ptx3	6.0	6,844	1,473	8,318	1,394
683		Ptx4	16.4	19,784	4,256	24,040	1,464
684	Fracture Of Humerus		8.5	4,467	1,292	5,759	677
684		Ptx1	5.3	2,820	841	3,661	684
684		Ptx2	21.7	10,681	3,235	13,916	640
684		Ptx3	12.7	7,842	1,913	9,755	770
684		Ptx4	23.3	13,153	3,627	16,780	722
685	Hip And Thigh Injuries		7.1	3,756	1,084	4,840	679
685		Ptx1	6.2	3,339	949	4,288	696
685		Ptx2	25.4	13,085	3,431	16,516	650
685		Ptx3	40.4	17,142	5,077	22,219	550
685		Ptx4	16.5	12,426	2,903	15,329	929
686	Major Nerve Injuries		4.4	7,455	2,682	10,137	2,295
686		Ptx1	4.4	7,923	2,870	10,793	2,473
686		Ptx2					11
686		Ptx3	15.0	8,225	1,903	10,128	675
686		Ptx4					2

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
687	Thoraco-Abdominal Injuries		5.0	4,166	1,041	5,207	1,045
687		Px1	4.3	3,483	882	4,365	1,004
687		Px2	7.7	5,709	1,426	7,135	928
687		Px3	11.2	9,652	2,346	11,998	1,068
687		Px4	13.2	16,399	3,803	20,202	1,528
688	Weight Bearing Injuries		3.4	2,275	663	2,939	855
688		Px1	2.4	1,690	491	2,181	905
688		Px2	10.9	6,282	1,970	8,252	757
688		Px3	20.2	12,629	3,511	16,140	800
688		Px4	26.8	17,031	4,739	21,770	813
689	Genito-Urinary Injuries		3.6	2,664	720	3,383	929
689		Px1	3.4	2,465	674	3,139	935
689		Px2	5.9	3,923	1,097	5,020	847
689		Px3	9.2	7,562	1,788	9,350	1,016
689		Px4	16.8	20,243	5,214	25,456	1,515
690	Crushing Injuries And Contusions		3.1	2,259	613	2,872	941
690		Px1	2.5	1,923	525	2,448	976
690		Px2	9.7	5,278	1,451	6,729	693
690		Px3	10.0	5,195	1,590	6,785	678
690		Px4	12.3	6,699	1,987	8,686	704
691	Minor Lower Extremity Fractures		2.4	1,816	554	2,370	1,006
691		Px1	2.0	1,692	522	2,214	1,122
691		Px2	4.3	2,749	681	3,430	792
691		Px3	5.0	4,220	1,418	5,638	1,128
691		Px4					1
692	Wounds		1.9	2,014	622	2,636	1,362
692		Px1	1.9	1,964	612	2,576	1,369
692		Px2	4.8	4,458	1,172	5,629	1,166
692		Px3	5.9	4,684	1,256	5,940	1,014
692		Px4	10.4	14,781	3,593	18,374	1,769

Schedule 1 – Inpatient Cost Results

CMB Code	Description	Complexity Level	Average Lns	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Cost per Case	Custom Cases
693 Amputations Or Vascular And Other Nerve Injuries								
693		Px1	1.6	2,381	726	3,106	1,951	201
693		Px2	3.4	4,274	1,051	5,325	1,566	5
693		Px3	6.2	8,105	1,864	9,969	1,617	6
693		Px4	17.0	29,169	5,709	34,878	2,052	3
694	Facial Injuries	Px1	2.2	2,329	709	3,038	1,393	388
694		Px2	2.1	2,245	693	2,938	1,382	388
694		Px3	7.3	5,788	1,608	7,396	1,013	10
694		Px4	4.2	3,224	886	4,110	979	5
694		Px4	7.8	14,914	2,992	17,906	2,310	4
695	Other Cranial Injuries	Px1	2.5	2,539	559	3,098	1,224	664
695		Px2	1.8	1,736	395	2,131	1,189	467
695		Px3	5.1	5,086	1,077	6,163	1,205	79
695		Px4	11.3	15,149	3,012	18,161	1,607	47
696	Upper Extremity Fractures	Px1	1.6	1,595	459	2,054	1,256	497
696		Px2	1.6	1,566	453	2,019	1,266	483
696		Px3	9.4	5,928	1,602	7,530	799	38
696		Px4	12.8	7,918	2,154	10,072	790	16
696		Px4	30.0	18,755	4,774	23,528	784	5
700	PWS - Bone Marrow Transplant	Px1	27.0	46,730	9,716	56,445	2,090	296
700		Px2	17.7	28,861	6,251	35,112	1,985	26
700		Px3	22.5	35,456	7,706	43,162	1,915	15
700		Px4	24.2	42,545	9,090	51,635	2,133	19
701	Splenectomy	Px1	28.7	50,027	10,360	60,387	2,104	237
701		Px2	4.8	7,141	1,738	8,879	1,844	136
701		Px3	9.5	11,234	2,506	13,740	1,446	12
701		Px4	7.4	8,452	2,884	11,336	1,532	5
701		Px4	26.2	37,501	9,617	47,118	1,798	5

Schedule 1 – Inpatient Cost Results

CMG	Code Description	Complexity Level	Average LOS	Direct Cost	Average Indirect Cost	Average Cost per Day	Cost Cases
703 Other O.R. Procedures Of Blood And Blood-Forming Organs							
703		Px1	4.0	4,559	1,232	5,791	1,440
703		Px2	8.9	13,778	2,635	16,413	1,836
703		Px3	13.1	13,141	3,222	16,363	1,251
703		Px4	30.2	45,169	10,110	55,279	1,831
704 Red Blood Cell Disorders							
704		Px1	4.8	3,221	876	4,097	889
704		Px2	7.7	5,307	1,383	6,691	874
704		Px3	9.4	6,487	1,754	8,241	875
704		Px4	15.0	13,014	3,346	16,361	1,092
709 Coagulation Disorders							
709		Px1	3.4	2,548	697	3,245	941
709		Px2	6.6	5,257	1,279	6,536	995
709		Px3	12.7	9,182	2,437	11,619	912
709		Px4	12.4	11,942	2,841	14,783	1,192
710 Reticuloendothelial And Immunity Disorders							
710		Px1	4.6	4,327	1,098	5,425	1,191
710		Px2	6.8	7,380	1,814	9,194	1,356
710		Px3	8.7	9,413	2,268	11,682	1,345
710		Px4	15.9	18,971	4,432	23,403	1,473
725 Major Leukemia And Lymphoma Procedures							
725		Px1	4.1	5,813	1,643	7,456	1,819
725		Px2	10.4	9,670	2,709	12,379	1,191
725		Px3	14.8	15,383	3,885	19,269	1,239
725		Px4	24.3	45,128	10,271	55,399	1,615
726 Acute Leukemia Without Major Procedures							
726		Px1	9.0	9,232	2,252	11,484	1,282
726		Px2	18.1	17,329	3,772	21,101	1,169
726		Px3	17.3	18,213	4,333	22,546	1,306
726		Px4	27.5	32,533	7,707	40,241	1,462

Schedule 1 – Inpatient Cost Results

CMG Code Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
728 Lymphoma And Chronic Leukemia With Other Procedures						
728	Pix1	11.8	11,539	2,785	14,324	1,215
	Pix2	6.6	6,446	1,618	8,064	1,227
	Pix3	15.1	13,173	3,137	16,310	1,081
	Pix4	15.7	14,515	3,747	18,262	1,163
728	Pix1	26.3	28,789	6,550	35,340	1,343
	Pix2	10.6	8,326	2,046	10,371	979
	Pix3	7.1	5,206	1,276	6,482	916
	Pix4	11.0	7,908	2,074	9,982	907
730	Pix1	13.0	9,109	2,424	11,533	889
	Pix2	22.1	22,174	5,067	27,241	1,232
	Pix3	10.3	11,612	3,055	14,667	1,428
	Pix4	6.1	7,526	2,056	9,582	1,564
730	Pix1	14.0	12,543	3,594	16,137	1,153
	Pix2	20.6	21,072	4,754	25,826	1,251
	Pix3	25.3	30,146	7,888	38,034	1,501
730	Pix4	6.7	6,741	1,741	8,482	1,265
733 Major Ill-Defined Neoplasm Procedures						
733	Pix1	3.8	4,836	1,248	6,085	1,617
	Pix2	7.9	7,454	2,213	9,667	1,230
	Pix3	18.8	14,917	3,988	18,905	1,004
	Pix4	31.1	33,692	7,379	41,071	1,319
733	Pix1	6.7	6,741	1,741	8,482	1,265
	Pix2	29.1	19,849	4,695	24,544	844
	Pix3	24.8	18,241	4,771	23,012	930
	Pix4	3.3	4,043	924	4,967	1,484
734	Pix1	4.9	3,617	933	4,550	937
	Pix2	3.7	2,994	770	3,764	1,015
	Pix3	13.7	8,329	2,202	10,531	769
	Pix4	31.1	33,692	7,379	41,071	1,319
734	Pix1	3.8	4,836	1,248	6,085	1,617
	Pix2	7.9	7,454	2,213	9,667	1,230
	Pix3	18.8	14,917	3,988	18,905	1,004
	Pix4	31.1	33,692	7,379	41,071	1,319
735	Pix1	4.9	3,617	933	4,550	937
	Pix2	3.7	2,994	770	3,764	1,015
	Pix3	13.7	8,329	2,202	10,531	769
	Pix4	31.1	33,692	7,379	41,071	1,319
735	Pix1	3.8	4,836	1,248	6,085	1,617
	Pix2	7.9	7,454	2,213	9,667	1,230
	Pix3	18.8	14,917	3,988	18,905	1,004
	Pix4	31.1	33,692	7,379	41,071	1,319
735	Pix1	4.9	3,617	933	4,550	937
	Pix2	3.7	2,994	770	3,764	1,015
	Pix3	13.7	8,329	2,202	10,531	769
	Pix4	31.1	33,692	7,379	41,071	1,319
735	Pix1	3.8	4,836	1,248	6,085	1,617
	Pix2	7.9	7,454	2,213	9,667	1,230
	Pix3	18.8	14,917	3,988	18,905	1,004
	Pix4	31.1	33,692	7,379	41,071	1,319
736	Pix1	4.9	3,617	933	4,550	937
	Pix2	3.7	2,994	770	3,764	1,015
	Pix3	13.7	8,329	2,202	10,531	769
	Pix4	31.1	33,692	7,379	41,071	1,319
736	Pix1	3.8	4,836	1,248	6,085	1,617
	Pix2	7.9	7,454	2,213	9,667	1,230
	Pix3	18.8	14,917	3,988	18,905	1,004
	Pix4	31.1	33,692	7,379	41,071	1,319
736	Pix1	4.9	3,617	933	4,550	937
	Pix2	3.7	2,994	770	3,764	1,015
	Pix3	13.7	8,329	2,202	10,531	769
	Pix4	31.1	33,692	7,379	41,071	1,319
736	Pix1	3.8	4,836	1,248	6,085	1,617
	Pix2	7.9	7,454	2,213	9,667	1,230
	Pix3	18.8	14,917	3,988	18,905	1,004
	Pix4	31.1	33,692	7,379	41,071	1,319
736	Pix1	4.9	3,617	933	4,550	937
	Pix2	3.7	2,994	770	3,764	1,015
	Pix3	13.7	8,329	2,202	10,531	769
	Pix4	31.1	33,692	7,379	41,071	1,319
736	Pix1	3.8	4,836	1,248	6,085	1,617
	Pix2	7.9	7,454	2,213	9,667	1,230
	Pix3	18.8	14,917	3,988	18,905	1,004
	Pix4	31.1	33,692	7,379	41,071	1,319
736	Pix1	4.9	3,617	933	4,550	937
	Pix2	3.7	2,994	770	3,764	1,015
	Pix3	13.7	8,329	2,202	10,531	769
	Pix4	31.1	33,692	7,379	41,071	1,319
736	Pix1	3.8	4,836	1,248	6,085	1,617
	Pix2	7.9	7,454	2,213	9,667	1,230
	Pix3	18.8	14,917	3,988	18,905	1,004
	Pix4	31.1	33,692	7,379	41,071	1,319
736	Pix1	4.9	3,617	933	4,550	937
	Pix2	3.7	2,994	770	3,764	1,015
	Pix3	13.7	8,329	2,202	10,531	769
	Pix4	31.1	33,692	7,379	41,071	1,319
736	Pix1	3.8	4,836	1,248	6,085	1,617
	Pix2	7.9	7,454	2,213	9,667	1,230
	Pix3	18.8	14,917	3,988	18,905	1,004
	Pix4	31.1	33,692	7,379	41,071	1,319
736	Pix1	4.9	3,617	933	4,550	937
	Pix2	3.7	2,994	770	3,764	1,015
	Pix3	13.7	8,329	2,202	10,531	769
	Pix4	31.1	33,692	7,379	41,071	1,319
736	Pix1	3.8	4,836	1,248	6,085	1,617
	Pix2	7.9	7,454	2,213	9,667	1,230
	Pix3	18.8	14,917	3,988	18,905	1,004
	Pix4	31.1	33,692	7,379	41,071	1,319
736	Pix1	4.9	3,617	933	4,550	937
	Pix2	3.7	2,994	770	3,764	1,015
	Pix3	13.7	8,329	2,202	10,531	769
	Pix4	31.1	33,692	7,379	41,071	1,319
736	Pix1	3.8	4,836	1,248	6,085	1,617
	Pix2	7.9	7,454	2,213	9,667	1,230
	Pix3	18.8	14,917	3,988	18,905	1,004
	Pix4	31.1	33,692	7,379	41,071	1,319
736	Pix1	4.9	3,617	933	4,550	937
	Pix2	3.7	2,994	770	3,764	1,015
	Pix3	13.7	8,329	2,202	10,531	769
	Pix4	31.1	33,692	7,379	41,071	1,319
736	Pix1	3.8	4,836	1,248	6,085	1,617
	Pix2	7.9	7,454	2,213	9,667	1,230
	Pix3	18.8	14,917	3,988	18,905	1,004
	Pix4	31.1	33,692	7,379	41,071	1,319
736	Pix1	4.9	3,617	933	4,550	937
	Pix2	3.7	2,994	770	3,764	1,015
	Pix3	13.7	8,329	2,202	10,531	769
	Pix4	31.1	33,692	7,379	41,071	1,319
736	Pix1	3.8	4,836	1,248	6,085	1,617
	Pix2	7.9	7,454	2,213	9,667	1,230
	Pix3	18.8	14,917	3,988	18,905	1,004
	Pix4	31.1	33,692	7,379	41,071	1,319
736	Pix1	4.9	3,617	933	4,550	937
	Pix2	3.7	2,994	770	3,764	1,015
	Pix3	13.7	8,329	2,202	10,531	769
	Pix4	31.1	33,692	7,379	41,071	1,319
736	Pix1	3.8	4,836	1,248	6,085	1,617
	Pix2	7.9	7,454	2,213	9,667	1,230
	Pix3	18.8	14,917	3,988	18,905	1,004
	Pix4	31.1	33,692	7,379	41,071	1,319
736	Pix1	4.9	3,617	933	4,550	937
	Pix2	3.7	2,994	770	3,764	1,015
	Pix3	13.7	8,329	2,202	10,531	769
	Pix4	31.1	33,692	7,379	41,071	1,319
736	Pix1	3.8	4,836	1,248	6,085	1,617
	Pix2	7.9	7,454	2,213	9,667	1,230
	Pix3	18.8	14,917	3,988	18,905	1,004
	Pix4	31.1	33,692	7,379	41,071	1,319
736	Pix1	4.9	3,617	933	4,550	937
	Pix2	3.7	2,994	770	3,764	1,015
	Pix3	13.7	8,329	2,202	10,531	769
	Pix4	31.1	33,692	7,379	41,071	1,319
736	Pix1	3.8	4,836	1,248	6,085	1,617
	Pix2	7.9	7,454	2,213	9,667	1,230
	Pix3	18.8	14,917	3,988	18,905	1,004
	Pix4	31.1	33,692	7,379	41,071	1,319
736	Pix1	4.9	3,617	933	4,550	937
	Pix2	3.7	2,994	770	3,764	1,015
	Pix3	13.7	8,329	2,202	10,531	769
	Pix4	31.1	33,692	7,379	41,071	1,319
736	Pix1	3.8	4,836	1,248	6,085	1,617
	Pix2	7.9	7,454	2,213	9,667	1,230
	Pix3	18.8	14,917	3,988	18,905	1,004
	Pix4	31.1	33,692	7,379	41,071	1,319
736	Pix1	4.9	3,617	933	4,550	937
	Pix2	3.7	2,994	770	3,764	1,015
	Pix3	13.7	8,329	2,202	10,531	769
	Pix4	31.1	33,692	7,379	41,071	1,319
736	Pix1	3.8	4,836	1,248	6,085	1,617
	Pix2	7.9	7,454	2,213	9,667	1,230
	Pix3	18.8	14,917	3,988	18,905	1,004
	Pix4	31.1	33,692	7,379	41,071	1,319
736	Pix1	4.9	3,617	933	4,550	937
	Pix2	3.7	2,994	770	3,764	1,015
	Pix3	13.7	8,329	2,202	10,531	769
	Pix4	31.1	33,692	7,379	41,071	1,319
736	Pix1	3.8	4,836	1,248	6,085	1,617
	Pix2	7.9	7,454	2,213	9,667	1,230
	Pix3	18.8	14,917	3,988	18,905	1,004
	Pix4	31.1	33,692	7,379	41,071	1,319
736	Pix1	4.9	3,617	933	4,550	937
	Pix2	3.7	2,994	770	3,764	1,015
	Pix3	13.7	8,329	2,202	10,531	769
	Pix4	31.1	33,692	7,379	41,071	1,319
736	Pix1	3.8	4,836	1,248	6,085	1,617
	Pix2	7.9	7,454	2,213	9,667	1,230
	Pix3	18.8	14,917	3,988	18,905	1,004
	Pix4	31.1	33,692	7,379	41,071	1,319
736	Pix1	4.9	3,617	933	4,550	937
	Pix2	3.7	2,994	770	3,764	1,015
	Pix3	13.7	8,329	2,202	10,531	769
	Pix4	31.1	33,692	7,379	41,071	1,319
736	Pix1	3.8	4,836	1,248	6,085	1,617
	Pix2					

Schedule 1 – Inpatient Cost Results

CMG	Code Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Cost per Case	Costed Cases
737	737 Other Poorly Differentiated Neoplastic Diagnoses	Px1	8.0	5,242	1,363	6,605	830	87
737		Px2	12.8	7,946	2,236	10,182	795	48
737		Px3	14.0	10,265	2,907	13,173	941	20
737		Px4	20.3	13,237	3,810	17,046	838	27
750	750 Multisystemic Or Unspecified Site Infections With Surgery	Px1	16.0	20,434	4,836	25,271	1,579	705
750		Px2	7.9	6,870	1,912	8,782	1,112	344
750		Px3	14.4	13,347	3,619	16,966	1,178	73
750		Px4	18.0	16,194	4,383	20,577	1,143	55
750		Px5	36.8	57,492	12,956	70,448	1,912	263
751	751 Septicemia	Px1	7.8	8,141	1,973	10,113	1,290	996
751		Px2	5.9	4,205	1,148	5,352	908	413
751		Px3	8.2	6,656	1,749	8,406	1,023	139
751		Px4	8.7	8,283	2,064	10,347	1,192	161
751		Px5	11.9	15,668	3,598	19,266	1,617	302
756	756 Post-Operative And Post-Traumatic Infections	Px1	5.0	3,086	892	3,978	802	680
756		Px2	4.9	2,993	887	3,881	787	595
756		Px3	7.8	5,307	1,498	6,805	873	44
756		Px4	6.2	4,019	1,056	5,075	816	41
756		Px5	14.8	15,020	3,680	18,700	1,267	21
757	757 Viral Illness	Px1	3.3	2,543	705	3,247	972	406
757		Px2	2.9	2,119	609	2,728	940	338
757		Px3	3.9	3,160	964	4,124	1,048	31
757		Px4	7.4	6,378	1,478	7,855	1,057	21
757		Px5	17.6	19,398	4,179	23,576	1,340	17
761	761 Fever Of Unknown Origin	Px1	3.2	2,422	649	3,071	973	433
761		Px2	3.3	2,373	651	3,024	916	373
761		Px3	5.4	4,261	1,054	5,315	991	74
761		Px4	15.9	12,013	2,964	14,977	943	22
761		Px5	15.9	12,013	2,964	14,977	943	8

Schedule 1 – Inpatient Cost Results

CMG Code Description	Complexity Level	Average LOS	Average Cost	Direct Cost	Indirect Cost	Average Cost per Day	Cost Cases
763 Other Infectious Diagnoses	6.4	5,598	1,427	7,026	1,102	238	
763	Pk1	5.3	4,179	1,102	5,281	1,005	162
763	Pk2	8.1	6,589	1,766	8,355	1,026	28
763	Pk3	9.4	7,560	1,953	9,513	1,011	29
763	Pk4	19.6	22,209	4,978	27,187	1,384	31
764 Depressive Mood Disorders With ECT	38.0	14,899	4,939	19,439	512	536	
764	Pk9	38.0	14,899	4,939	19,439	512	536
765 Depressive Mood Disorders Without ECT With Axis III Diagnosis	26.4	11,595	3,502	15,098	572	501	
765	Pk9	26.4	11,595	3,502	15,098	572	501
766 Depressive Mood Disorders Without ECT Without Axis III Diagnosis	20.2	7,695	2,372	10,067	498	1,912	
766	Pk9	20.2	7,695	2,372	10,067	498	1,912
767 Depressive Mood Disorders LOS < 6 Days	3.0	1,877	530	2,406	811	582	
767	Pk9	3.0	1,877	530	2,406	811	582
768 Bipolar Mood Disorders, Manic With ECT	41.6	18,190	5,939	24,129	580	41	
768	Pk9	41.6	18,190	5,939	24,129	580	41
769 Bipolar Mood Disorders, Manic Without ECT With Axis III Diagnosis	27.5	13,016	3,981	16,997	617	178	
769	Pk9	27.5	13,016	3,981	16,997	617	178
770 Bipolar Mood Disorders, Manic Without ECT Without Axis III Diagnosis	21.2	9,037	2,803	11,840	558	1,037	
770	Pk9	21.2	9,037	2,803	11,840	558	1,037
771 Bipolar Mood Disorders LOS < 6 Days	3.1	1,854	547	2,402	766	156	
771	Pk9	3.1	1,854	547	2,402	766	156
772 Dementia With Or Without Delirium With Axis III Diagnosis	38.5	18,153	5,612	23,765	618	691	
772	Pk9	38.5	18,153	5,612	23,765	618	691
773 Dementia With Or Without Delirium Without Axis III Diagnosis	33.2	15,036	4,543	19,580	589	519	
773	Pk9	33.2	15,036	4,543	19,580	589	519
774 Organic Mental Disorders Induced By Drugs	8.5	4,434	1,307	5,741	678	690	
774	Pk9	8.5	4,434	1,307	5,741	678	690
775 Schizophrenia And Other Psychotic Disorders With ECT	42.9	20,118	6,298	26,416	615	80	
775	Pk9	42.9	20,118	6,298	26,416	615	80
776 Schizophrenia And Other Psychotic Disorders W/o ECT With Axis III Diagnosis	30.2	13,931	4,036	17,967	595	449	

Schedule 1 -- Inpatient Cost Results

CMG Code Description	Complexity Level	Average LOS	Average Cost	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Cost Cases
776	Px9	30.2	13,931	4,036	17,967	595	449
777 Schizophrenia And Other Psychotic Disorders W/0 ECT Or Axis III Diagnosis	Px9	25.1	10,550	3,156	13,706	545	2,561
778 Schizophrenia And Other Psychotic Disorders LOS < 6 Days	Px9	3.0	1,856	510	2,366	798	497
778 Dissociative Disorders	Px9	3.0	1,856	510	2,366	798	497
779	Px9	6.1	3,534	935	4,469	730	108
780 Alcohol Induced Organic Mental Disorders With Axis III Diagnosis	Px9	6.1	3,534	935	4,469	730	108
781 Alcohol Induced Organic Mental Disorders Without Axis III Diagnosis	Px9	5.1	2,725	804	3,529	695	368
781 Psychoactive Substance Dependence	Px9	8.5	4,395	1,265	5,660	695	368
783	Px9	8.5	4,395	1,265	5,660	695	368
784 Psychoactive Substance Abuse	Px9	4.6	2,655	757	3,411	744	760
784 Developmental Delay	Px9	4.6	2,655	757	3,411	744	760
785 Disruptive Behaviour Disorders	Px9	21.3	12,051	3,508	15,559	730	123
786	Px9	21.3	12,051	3,508	15,559	730	123
787 Eating Disorders	Px9	18.7	10,961	3,070	14,031	752	435
787	Px9	18.7	10,961	3,070	14,031	752	435
788 Organic Mental Disorders Associated W Physical Disorders W Axis III Diagnosis	Px9	23.1	13,150	3,312	16,462	714	236
788	Px9	23.1	13,150	3,312	16,462	714	236
789 Organic Mental Disorders Associated W Physical Disorders W/0 Axis III Diagnosis	Px9	20.5	10,901	3,302	14,203	693	339
789	Px9	20.5	10,901	3,302	14,203	693	339
790 Somatoform Disorders	Px9	6.5	3,063	855	3,918	603	56
790 Anxiety Disorders (MNRH)	Px9	11.4	5,166	1,569	6,735	592	353
791	Px9	11.4	5,166	1,569	6,735	592	353

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average	Average	Average	Cost per Day	Cost of Cases
				Direct Cost	Indirect Cost	Cost		
792	Adjustment Disorders (MNRH)	Pxg9	3.9	2,326	659	2,985	759	2,729
792		Pxg9	3.9	2,326	659	2,985	759	2,729
793	Personality Disorders With Axis III Diagnosis (MNRH)	Pxg9	10.0	5,580	1,564	7,144	712	94
793		Pxg9	10.0	5,580	1,564	7,144	712	94
794	Personality Disorders Without Axis III Diagnosis (MNRH)	Pxg9	3.9	2,286	671	2,957	766	713
794		Pxg9	3.9	2,286	671	2,957	766	713
795	Sexual Dysfunction And Sexual Disorders (MNRH)	Pxg9	12.9	9,443	2,720	12,164	944	25
795		Pxg9	12.9	9,443	2,720	12,164	944	25
796	Specific Developmental Disorders (MNRH)	Pxg9	18.1	10,299	2,873	13,171	730	20
796		Pxg9	18.1	10,299	2,873	13,171	730	20
797	Miscellaneous Psychiatric Diagnoses (MNRH)	Pxg9	11.4	6,730	1,963	8,693	764	79
797		Pxg9	11.4	6,730	1,963	8,693	764	79
803	Extensive Procedures For Injury Or Complication Of Treatment	Px1	11.5	14,237	3,674	17,911	1,553	562
803		Px1	7.0	8,460	2,226	10,687	1,535	331
803		Px2	10.2	13,597	3,454	17,051	1,672	61
803		Px3	16.4	17,473	4,714	22,187	1,354	62
803		Px4	41.4	59,893	14,375	74,268	1,794	135
804	Non-Extensive Procedures For Injury Or Complication Of Treatment	Px1	4.1	4,599	1,250	5,849	1,442	1,328
804		Px1	3.0	3,457	973	4,430	1,484	1,123
804		Px2	10.4	9,355	2,676	12,031	1,161	116
804		Px3	13.8	12,985	3,274	16,239	1,180	58
804		Px4	29.7	38,504	9,199	47,703	1,608	82
805	MNRH Procedures For Injury Or Complication Of Treatment	Px1	3.6	3,391	1,024	4,415	1,238	261
805		Px1	2.9	2,916	899	3,815	1,319	233
805		Px2	10.5	8,713	2,412	11,125	1,064	11
805		Px3	11.9	8,573	2,735	11,308	950	10
805		Px4	43.4	36,080	9,190	45,270	1,042	7
811	Allergic Reaction	Px1	1.8	1,701	429	2,129	1,199	98
811		Px2	1.7	1,578	399	1,977	1,148	90
811		Px2	1.7	1,490	394	1,984	1,130	3

Schedule 1 – Inpatient Cost Results

CMG Code Description	Complexity Level	Average LOS		Average Indirect Cost		Average Cost per Day		Costed Cases
		Ptx3	Ptx4	6.8	5.963	1,001	5,332	
811				2.5	2,473	625	3,098	1,220
811				2.3	2,061	535	2,597	1,108
813 Drug Reactions				5.0	3,941	1,066	5,007	996
813				4.2	4,611	1,127	5,738	1,357
813				8.7	12,344	2,847	15,192	1,742
818 Complications Of Treatment				3.8	2,942	773	3,714	978
818				3.2	2,337	637	2,973	935
818				6.9	5,742	1,421	7,164	1,039
818				9.2	7,854	1,851	9,704	1,055
818				16.8	16,684	3,905	20,589	1,229
823 Minor Injuries And Trauma Diagnosis				2.7	2,943	654	3,598	1,349
823				2.2	2,154	483	2,637	1,222
823				6.2	4,950	1,183	6,132	984
823				7.7	6,155	1,480	7,635	987
823				10.9	19,739	4,485	24,225	2,216
830 PWS - Extensive Burns With Skin Graft Wound Debridement Or Other Burn Procedures				31.7	59,907	13,282	73,189	2,308
830				21.2	32,637	7,940	40,577	1,917
830				18.7	30,841	8,353	39,194	2,100
830				8.3	149,365	32,056	181,421	2,666
831 Extensive Burns Without Burn Procedures				9.3	11,835	2,790	14,625	1,578
831				9.6	10,668	2,615	13,283	1,378
831				13.0	13,526	3,311	16,837	1,295
831				20.0	33,684	6,845	40,530	2,026
832 PWS - Non-Extensive Burns With Skin Graft				11.7	13,903	3,546	17,449	1,497
832				10.5	11,924	3,096	15,020	1,425
832				19.0	24,510	6,012	30,522	1,606

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
			Px3	24.4	33,350	8,044	41,394	1,693
832		Px4	62.6	126,010	25,895	151,905	2,428	7
832	Non-Extensive Burns With Wound Debridement Or Other Burn Procedures	Px1	4.8	4,735	1,341	6,075	1,266	5
833		Px2	3.8	4,002	993	4,995	1,332	4
833		Px3	9.0	7,665	2,731	10,396	1,155	1
833		Px4						
834	Non-Extensive Burns Without Burn Procedures	Px1	4.4	4,444	1,050	5,494	1,256	181
834		Px2	4.1	4,061	978	5,039	1,231	171
834		Px3	7.4	11,151	2,404	13,554	1,832	5
834		Px4	15.8	12,057	3,101	15,158	957	6
834		Px5	18.8	20,196	4,412	24,609	1,309	5
840	Other Admissions With Surgery	Px1	33.6	26,110	6,501	32,610	970	844
840		Px2	6.5	6,046	1,755	7,801	1,209	468
840		Px3	41.3	26,953	7,138	34,091	825	94
840		Px4	64.7	46,655	11,535	58,189	900	74
840		Px5	86.1	76,941	17,434	94,375	1,056	167
841	Rehabilitation	Px1	40.7	20,238	5,748	25,987	638	3,380
841		Px2	36.4	17,388	5,000	22,388	615	1,996
841		Px3	44.7	23,370	6,556	29,926	670	715
841		Px4	48.5	23,660	6,615	30,276	624	380
841		Px5	60.2	33,416	9,364	42,780	711	318
842	Signs And Symptoms	Px1	11.6	5,859	1,719	7,578	655	792
842		Px2	8.3	4,242	1,233	5,475	657	535
842		Px3	16.5	8,136	2,441	10,577	640	134
842		Px4	20.0	10,054	2,987	13,041	652	69
842		Px5	28.7	16,859	4,922	21,782	759	48
846	Aftercare Following Surgery Or Treatment	Px1	1.3	1,082	323	1,406	1,118	4,381
846		Px2	1.2	1,067	319	1,386	1,111	4,308
846		Px3	4.0	3,401	1,035	4,435	1,109	78

Schedule 1 – Inpatient Cost Results

CMG Code Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Cost per day	Costed Cases
846	Pk3	6.6	5,267	1,431	6,697	1,017
846	Pk4	9.4	10,418	2,337	12,755	1,357
847 Other Specified Aftercare						
847	Pk1	14.6	8,694	2,854	11,548	792
847	Pk2	16.9	10,079	2,918	12,997	771
847	Pk3	17.0	10,948	3,317	14,265	841
847	Pk4	22.7	15,743	4,823	20,567	908
849 Multiple Or Unspecified Congenital Anomalies						
849	Pk1	2.0	3,086	732	3,818	1,909
849	Pk2	12.0	20,957	4,532	25,489	2,124
849	Pk3	8.0	4,968	1,732	6,700	838
849	Pk4					
850 Perinatal Conditions Age > 28 Days						
850	Pk1	20.9	17,120	4,033	21,153	1,010
850	Pk2	20.7	15,755	3,577	19,332	936
850	Pk3	22.5	18,905	4,013	22,918	1,020
850	Pk4	17.3	13,550	3,158	16,708	964
850						
851 Other Factors Causing Hospitalization						
851	Pk1	3.9	2,737	747	3,485	900
851	Pk2	3.4	2,523	675	3,198	943
851	Pk3	7.5	4,009	1,247	5,255	705
851	Pk4	12.7	6,955	2,260	9,215	725
851						
852 Procedures Cancelled (MNRH)						
852	Pk1	1.0	361	106	466	466
852	Pk2	1.0	355	104	460	460
852	Pk3	1.0	602	151	753	753
852	Pk4	1.0	810	247	1,057	1,057
852						
860 Respiratory Tract Disorders With HIV						
860	Pk9	9.2	8,388	1,970	10,358	1,125
861 CNS Infection With HIV						
861	Pk9	14.3	10,768	2,361	13,128	916
861						

Schedule 1 – Inpatient Cost Results

CMG Code Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Average Cost per Case	Costed Cases
861	Pix9	14.3	10,768	2,361	13,128	916	9
862 GI And Hepatobiliary Disorders With HIV	Pix9	9.2	5,434	1,427	6,861	748	17
862 Ophthalmic Disorders With HIV	Pix9	9.2	5,434	1,427	6,861	748	17
863 863 Lymphoma With HIV	Pix9	15.0	11,706	3,047	14,754	984	8
863 Blood Infections With HIV	Pix9	15.0	11,706	3,047	14,754	984	8
864 Lymphoma With HIV	Pix9	19.7	9,307	2,900	12,206	619	7
864 Psychosocial Conditions With HIV	Pix9	19.7	9,307	2,900	12,206	619	7
865 Other Conditions Associated With HIV	Pix9	23.3	22,938	6,822	29,760	1,275	3
866 Miscellaneous Conditions With HIV	Pix9	46.0	28,483	8,109	36,592	795	6
867 Amputation Of Lower Limb Except Toe With Major Vascular Surgery	Pix9	12.0	11,540	2,839	14,379	1,198	5
868 Debridement Or Other Amputation With Major Vascular Surgery	Pix9	11.5	9,057	2,488	11,545	1,000	48
880 Amputation Of Lower Limb Except Toe With Major Vascular Surgery	Pix1	26.3	24,710	7,173	31,884	1,212	82
880 Amputation Of Lower Limb Except Toe	Pix1	15.7	13,850	4,234	18,084	1,151	31
880 Wound Debridement Or Other Amputation With Major Vascular Surgery	Pix2	17.0	14,974	5,160	20,133	1,184	11
881	Pix3	20.1	21,034	6,178	27,212	1,355	12
880	Pix4	49.4	45,102	12,684	57,787	1,169	29
881	Pix1	20.3	15,203	4,436	19,638	968	432
881	Pix1	11.4	8,114	2,573	10,687	934	190
881	Pix2	18.0	14,614	4,127	18,741	1,041	85
881	Pix3	25.5	16,943	5,168	22,111	866	63
882	Pix4	48.3	36,760	10,040	46,800	970	100
882	Pix1	23.5	20,659	5,687	26,346	1,120	19
882	Pix2	14.8	11,958	3,320	15,278	1,030	6
882	Pix2	19.0	16,006	4,116	20,121	1,059	5
882	Pix3	21.4	18,576	5,827	24,403	1,140	5
882	Pix4	43.2	37,723	9,953	47,676	1,104	6

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average Direct Cost	Average Indirect Cost	Average Cost	Average Cost per Day	Cost per Day	Cost per Case
			Average 10\$					
883	Wound Debridement And Grafting Other Than Hand	Pk1	18.8	14,661	4,166	18,827	999	46
883		Pk2	13.5	10,066	3,031	13,098	969	29
883		Pk3	17.7	11,306	3,771	15,077	853	6
883		Pk4	18.8	12,911	3,798	16,709	889	5
883		Pk4	56.9	62,817	15,847	78,664	1,383	9
884	Other Amputations Including Toe	Pk1	13.5	9,784	2,856	12,640	936	87
884		Pk2	7.8	5,430	1,624	7,054	902	49
884		Pk3	13.6	10,516	3,182	13,698	1,005	16
884		Pk4	24.7	14,590	4,389	18,979	768	14
884		Pk4	35.1	28,103	7,600	35,704	1,017	9
885	PWS - Aortic Replacement	Pk1	8.7	15,678	3,450	19,128	2,189	379
885		Pk2	6.8	12,649	2,714	15,363	2,245	231
885		Pk3	10.8	16,687	4,073	20,760	1,919	50
885		Pk3	12.5	19,438	4,287	23,726	1,895	48
885		Pk4	17.5	32,679	7,360	40,039	2,291	67
887	Vascular Bypass Surgery	Pk1	8.8	11,641	3,250	14,892	1,697	558
887		Pk2	7.1	9,276	2,646	11,922	1,686	371
887		Pk2	10.8	11,761	3,725	15,486	1,435	71
887		Pk3	11.7	14,856	3,863	18,719	1,599	69
887		Pk4	20.7	32,202	8,276	40,478	1,952	60
890	Other Thoraco-Abdominal Procedures	Pk1	10.6	13,925	2,984	16,909	1,595	83
890		Pk2	6.3	7,930	1,688	9,619	1,533	40
890		Pk2	9.4	9,994	2,502	12,496	1,329	10
890		Pk3	13.6	12,442	2,895	15,337	1,130	14
890		Pk4	24.2	38,805	8,517	47,322	1,953	22
891	Vascular Repair	Pk1	5.4	8,768	2,052	10,821	2,019	281
891		Pk2	4.0	6,728	1,616	8,344	2,101	212
891		Pk3	9.5	10,283	2,759	13,043	1,367	24
891		Pk4	8.3	11,624	2,692	14,317	1,715	26
891		Pk4	23.2	37,245	7,728	44,972	1,936	31

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Indirect Cost	Average Cost per Day	Cost per Case	Costed Cases
892	Other Vascular Procedures		4.8	6,215	1,499	7,714	1,615	139
892		Px1	4.3	5,775	1,406	7,182	1,652	115
892		Px2	9.3	9,680	2,384	12,064	1,295	16
892		Px3	8.7	11,917	2,754	14,672	1,686	10
892		Px4	33.6	35,987	9,007	44,994	1,339	5
893	Vein Ligation And Stripping (MNRH)		1.0	1,417	612	2,029	2,029	49
893		Px1	1.0	1,417	612	2,029	2,029	49
893		Px2	1.0	1,235	565	1,800	1,800	2
893		Px3						
893		Px4						
895	Deep Vein Thrombophlebitis		6.8	3,909	1,076	4,984	729	495
895		Px1	5.9	3,310	929	4,239	724	330
895		Px2	7.3	4,254	1,148	5,402	735	103
895		Px3	12.6	7,302	1,948	9,250	735	53
895		Px4	21.7	15,425	4,154	19,579	902	14
898	Peripheral Vascular Disease		5.5	4,297	1,144	5,441	992	352
898		Px1	4.4	3,393	892	4,285	974	251
898		Px2	7.8	5,512	1,517	7,029	900	59
898		Px3	13.5	8,681	2,401	11,082	824	35
898		Px4	17.5	14,813	3,906	18,719	1,071	21
900	Extensive Unrelated O.R. Procedures		20.5	24,573	5,949	30,522	1,490	580
900		Px1	8.0	12,986	3,029	16,015	2,003	217
900		Px2	20.8	17,935	4,980	22,915	1,104	65
900		Px3	25.4	23,042	5,936	28,978	1,141	78
900		Px4	35.5	42,930	10,233	53,163	1,499	229
901	Non-Extensive Unrelated O.R. Procedures		12.6	13,186	3,273	16,459	1,302	1,565
901		Px1	6.1	6,006	1,577	7,583	1,249	863
901		Px2	14.5	11,504	3,065	14,569	1,004	168
901		Px3	19.9	16,420	4,280	20,701	1,043	193
901		Px4	30.8	36,772	8,734	45,506	1,477	366

Schedule 1 -- Inpatient Cost Results

CMG Code Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per day	Costed Cases
902 Post-Operative Complications With Unrelated O.R. Procedures		10.7	12,232	3,408	15,640	1,466
902	Pk1	4.4	5,280	1,536	6,815	1,543
902	Pk2	14.3	13,589	4,248	17,836	1,249
902	Pk3	18.5	16,126	4,277	20,403	1,105
902	Pk4	25.1	35,347	8,747	44,094	1,754
906 Unrelated O.R. Procedures (MNRH)		10.5	8,936	2,409	11,345	1,079
906	Pk1	6.1	5,349	1,513	6,862	1,130
906	Pk2	19.9	12,702	3,543	16,244	815
906	Pk3	23.1	16,814	4,476	21,290	921
906	Pk4	25.1	24,215	5,846	30,061	1,198
908 Other Major Procedures For Gynecological Malignancy		3.3	3,631	1,214	4,845	1,472
908	Pk1	3.5	3,783	1,246	5,029	1,443
908	Pk2	9.0	8,591	2,889	11,480	1,276
908	Pk3					3
908	Pk4					
909 Obsolete Psychiatric Diagnoses (MNRH)		10.9	4,955	1,468	6,424	592
909	Pk9	10.9	4,955	1,468	6,424	592
910 Diagnosis Not Generally Hospitalized		1.6	2,038	505	2,543	1,609
910	Pk9	1.6	2,038	505	2,543	1,609
912 Obstetric Codes Invalid As Most Responsible Diagnosis		1.8	1,430	421	1,851	1,028
912	Pk9	1.8	1,430	421	1,851	1,028
996 Cadaveric Donor Organ and Tissue Retrieval						
996	Pk9					
997 Stillbirths						
997	Pk9					
998 Neonate With Catastrophic Diagnosis LOS < 6 Days		2.8	2,613	494	3,107	1,130
998	Pk9	2.8	2,613	494	3,107	1,130
999 Ungroupable Data		2.3	1,742	515	2,257	1,003
999	Pk9	2.3	1,742	515	2,257	1,003
						44

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Px Level	Costed Cases				Average Cost				2004/2005 Blended	2003/2004 Blended	2004/2005 Blended	2003/2004 Blended	Average LOS of Costed Cases
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004					
001 PWS Craniotomy Procedures		Pix1	1,043	1,052	2,095	15,995	14,768	15,379	7.4	7.4	7.2	7.2	7.3	7.3	
001		Pix1	826	829	1,655	13,079	12,330	12,704	6.2	6.2	6.1	6.1	6.1	6.1	
001		Pix2	92	101	193	21,885	18,043	19,874	10.3	10.3	10.3	10.3	10.3	10.3	
001		Pix3	59	65	124	28,692	23,240	25,834	15.1	15.1	12.6	12.6	13.7	13.7	
001		Pix4	115	113	228	55,744	59,638	57,674	25.3	25.3	27.5	27.5	26.4	26.4	
003 PWS Spinal Procedures		Pix1	123	149	272	11,217	10,223	10,673	5.9	5.9	5.9	5.9	5.9	5.9	
003		Pix1	104	120	224	9,530	8,749	9,112	5.2	5.2	4.9	4.9	4.9	5.0	
003		Pix2	15	13	28	18,207	13,855	16,186	13.0	13.0	10.1	10.1	11.6	11.6	
003		Pix3	4	14	18	31,103	19,476	22,060	18.0	18.0	10.4	10.4	12.1	12.1	
003		Pix4	12	7	19	51,312	30,278	43,562	25.8	25.8	27.4	27.4	26.4	26.4	
004 PWS Extracranial Vascular Procedures		Pix1	256	339	595	7,140	6,831	6,964	3.4	3.4	3.3	3.3	3.3	3.3	
004		Pix1	223	298	521	6,442	6,103	6,248	2.8	2.8	2.8	2.8	2.8	2.8	
004		Pix2	22	13	35	15,422	14,251	14,987	10.2	10.2	9.4	9.4	9.4	9.4	
004		Pix3	10	14	24	17,538	12,480	14,588	10.3	10.3	7.8	7.8	8.8	8.8	
004		Pix4	10	13	23	37,236	25,245	30,458	19.1	19.1	14.3	14.3	16.4	16.4	
005 PWS Ventricular Shunt Revision		Pix1	75	86	161	6,301	6,124	6,207	3.0	3.0	2.9	2.9	3.0	3.0	
005		Pix1	72	78	150	6,236	5,983	6,105	2.9	2.9	2.8	2.8	2.8	2.9	
005		Pix2	3	6	9	11,940	10,874	11,230	8.7	8.7	6.3	6.3	7.1	7.1	
005		Pix3	1	3	5	6,804	6,175	6,887	4.0	4.0	3.0	3.0	3.3	3.3	
005		Pix4													
006 Carpal Tunnel Release And Specified Nervous System Procedures		Pix1	85	82	167	5,920	5,875	5,898	2.7	2.7	2.8	2.8	2.7	2.7	
006		Pix1	82	75	157	5,743	5,602	5,676	2.5	2.5	2.5	2.5	2.5	2.5	
006		Pix2	1	3	5	10,110	6,306	6,462	9.0	9.0	4.7	4.7	5.8	5.8	
006		Pix3	3	1	5	20,995	12,707	19,673	26.7	26.7	15.0	15.0	23.8	23.8	
006		Pix4	5	3	8	89,157	24,495	64,909	37.4	37.4	23.0	23.0	32.0	32.0	
007 Peripheral, Cranial Nerve And Other Neurological Procedures		Pix1	39	35	74	19,665	23,180	21,327	14.4	14.4	13.4	13.4	13.9	13.9	
007		Pix1	25	19	44	12,531	10,313	11,574	6.9	6.9	6.3	6.3	6.7	6.7	
007		Pix2	2	4	6	20,698	19,285	19,756	24.0	24.0	12.8	12.8	16.5	16.5	
007		Pix3	1	3		47,706	28,272		30.0	30.0	30.0	30.0	30.0	30.0	

Schedule 2 – Inpatient Yearly Comparisons

CMG Code Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases Blended
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	
007	Pix4	11	10	21	41,780	48,903	45,172	28.9
010 Neoplasm Of Nervous System	Pix1	249	253	502	8,760	7,864	8,308	10.6
010	Pix2	178	166	344	6,719	6,241	6,489	8.5
010	Pix3	37	55	92	10,486	8,988	9,590	14.8
010	Pix4	23	22	45	16,672	14,836	15,774	13.8
010	Pix4	7	12	19	30,381	18,654	22,975	19.7
011 Degenerative Nervous Disorders	Pix1	165	142	307	12,942	11,743	12,388	18.4
011	Pix2	124	102	226	9,430	8,701	9,101	14.4
011	Pix3	18	15	33	22,084	16,664	19,620	32.7
011	Pix4	14	17	31	20,400	18,734	19,486	26.6
011	Pix4	9	13	22	34,609	38,058	36,647	36.2
012 Multiple Sclerosis And Cerebellar Disorders	Pix1	116	101	217	7,031	6,389	6,732	9.3
012	Pix2	99	88	187	5,773	5,467	5,629	7.7
012	Pix3	9	10	19	11,184	20,670	16,177	17.6
012	Pix4	8	5	13	21,664	20,204	21,103	36.4
012	Pix4	1	3	5	29,849	16,930	28,533	26.0
Specific Cerebrovascular Disorders Except Transient Ischemic Attacks								
013 Attacks	Pix1	1,713	1,597	3,310	8,795	8,233	8,524	9.0
013	Pix2	1,272	1,165	2,437	6,335	5,832	6,095	6.6
013	Pix3	183	198	381	14,160	14,349	14,258	16.8
013	Pix4	138	124	262	16,465	15,572	16,042	16.5
013	Pix4	129	138	267	26,993	25,753	26,352	22.4
014 Transient Ischemic Attacks And Precerebral Occlusions	Pix1	571	541	1,112	3,806	4,109	3,953	3.7
014	Pix2	521	489	1,010	3,400	3,713	3,551	3.3
014	Pix3	32	35	67	7,306	8,581	7,972	8.6
014	Pix4	16	23	39	14,094	13,651	13,833	11.8
014	Pix4	10	10	20	20,266	23,615	21,940	20.8
015 Nonspecific Cerebrovascular Disorders	Pix1	77	79	156	6,591	6,805	6,699	6.1
015	Pix2	56	62	118	5,224	4,710	4,954	4.7
015	Pix2	11	5	16	9,208	5,674	8,104	10.0
								7.0
								9.1

Schedule 2 – Inpatient Yearly Comparisons

CMG Code Description	Px Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
015	Ptx3	6	5	11	7,096	8,865	7,900	6.3	6.8	6.5
015	Ptx4	4	8	12	18,189	30,036	26,087	17.3	27.8	24.3
017 Cranial And Peripheral Nerve Diseases	Ptx1	179	157	336	6,483	6,000	6,257	8.2	7.3	7.8
017	Ptx2	145	125	270	5,634	4,682	5,193	6.8	6.1	6.5
017	Ptx3	14	14	28	11,334	8,627	9,980	16.8	11.1	13.9
017	Ptx4	8	10	18	39,879	48,023	44,403	56.9	35.7	45.1
018 Viral Meningitis	Ptx1	90	99	189	2,269	2,224	2,245	3.1	2.7	2.9
018	Ptx2	87	97	184	2,195	2,207	2,202	3.0	2.7	2.8
018	Ptx3	2	1	5	11,757	4,855	7,583	8.5	7.0	8.0
018	Ptx4	1	1	5	6,103	1,156	4,805	7.0	1.0	4.0
019 Infection Except Viral Meningitis	Ptx1	172	182	354	7,866	8,230	8,053	7.1	7.0	7.1
019	Ptx2	132	130	262	5,406	5,211	5,309	5.8	5.2	5.5
019	Ptx3	19	13	32	11,365	11,274	11,328	9.4	8.0	8.8
019	Ptx4	9	18	27	15,812	14,093	14,666	14.1	13.3	13.6
020 Hypertensive Encephalopathy	Ptx1	8	6	14	14,866	12,440	13,826	10.8	8.8	9.9
020	Ptx2	4	4	8	5,059	3,282	4,170	5.0	3.8	4.4
020	Ptx3	2	1	3	13,479	30,810	19,256	14.0	17.0	15.0
020	Ptx4	2	2	2	35,866	35,266	39.0	19.0		
021 Non-Traumatic Stupor And Coma	Ptx1	90	76	166	4,914	5,861	5,348	4.6	5.9	5.2
021	Ptx2	63	46	109	4,588	4,248	4,445	4.3	4.8	4.5
021	Ptx3	7	10	17	8,859	7,915	8,304	4.5	8.9	6.7
021	Ptx4	7	7	14	10,502	12,543	11,522	7.7	8.1	7.9
022 Seizure And Headache	Ptx1	1,116	1,058	2,174	3,366	3,435	3,399	3.2	3.3	3.2
022	Ptx2	1,021	967	1,988	3,153	3,233	3,192	3.1	3.2	3.1
022	Ptx3	68	48	116	7,419	6,920	7,212	7.1	6.2	6.7

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code: Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
		2004/2005	2005/2006	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
022	Pix3	45	50	95	9,150	7,169	8,107	7.2	6.7	6.9
022	Pix4	30	25	55	23,145	25,063	24,017	12.3	14.9	13.5
028 Other Nervous System Diagnoses	Pix1	425	406	831	7,544	7,229	7,391	7.8	7.6	7.7
028	Pix2	47	40	87	9,595	7,955	8,841	10.4	11.6	10.9
028	Pix3	25	26	51	12,443	11,249	11,834	11.5	11.3	11.4
028	Pix4	42	44	86	22,168	20,153	21,137	12.4	9.9	11.1
040 Tracheostomy And Gastrostomy Procedures	Pix1	235	265	500	74,388	85,141	80,087	45.7	51.2	48.6
040	Pix2	44	37	81	32,101	31,778	31,954	32.0	31.8	31.9
040	Pix3	8	5	13	33,146	32,640	32,951	34.6	33.2	30.2
040	Pix4	32	30	62	38,281	44,400	39,790	36.2	40.0	38.0
040	Pix1	149	194	343	97,674	105,600	102,157	51.3	58.2	55.2
050 Orbital Procedures	Pix1	314	375	689	2,320	2,285	2,301	1.3	1.3	1.3
050	Pix2	310	372	682	2,312	2,283	2,296	1.3	1.4	1.3
050	Pix3	5	5	10	6,204	7,215	6,709	4.0	7.8	5.9
050	Pix4	1	3	5	2,431	8,296	6,580	2.0	6.3	5.3
050	Pix1	1	2	5	42,057	27,711	22,030	10.0	15.0	13.3
051 Other Intraocular Procedures	Pix1	92	114	206	2,680	2,258	2,447	1.5	1.4	1.4
051	Pix2	89	113	202	2,661	2,274	2,445	1.5	1.4	1.4
051	Pix3	5	2	7	4,809	3,052	4,307	3.6	3.0	3.4
051	Pix4									
052 Retinal Procedures	Pix1	1,186	1,072	2,258	2,123	2,044	2,086	1.0	1.0	1.0
052	Pix2	1,182	1,069	2,251	2,124	2,045	2,086	1.0	1.0	1.0
052	Pix3	4	5	9	3,123	2,832	2,962	2.0	2.4	2.2
052	Pix4	2	1	5	2,711	4,024	3,200	1.5	3.0	2.0
053 Iris And Lens Procedures	Pix1	15	6	21	2,555	2,964	2,672	1.4	1.8	1.5
053	Pix2	15	6	21	2,555	2,964	2,672	1.4	1.8	1.5

Schedule 2 – Inpatient Yearly Comparisons

CMA Code	Description	Costed Cases				Average Cost				Average LOS of Costed Cases				
		Pix Level	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
053		Px3		1	1			9,574	9,574			7.0	7.0	
053		Px4												
054	Extraocular Procedures		26	29	55	1,955	2,345	2,161	1.2	1.2	1.2	1.2	1.2	
054		Px1	23	24	47	1,952	2,273	2,116	1.0	1.0	1.0	1.0	1.0	
054		Px2	1	1	11,152			11,152	5.0	5.0		5.0		
054		Px3		1	2		15,387	17,463		20.0	20.0			
054		Px4		1	1		28,863	28,863		13.0	13.0			
055	Lens Insertion (MNRH)		245	140	385	3,129	2,964	3,069	1.0	1.0	1.0	1.0	1.0	
055		Px1	241	140	381	3,138	2,964	3,074	1.0	1.0	1.0	1.0	1.0	
055		Px2	3	3	2,907			2,907	1.3	1.3		1.3		
055		Px3	2	3	2,268			2,749	1.0	1.0		1.0		
055		Px4												
057	Other Ophthalmic Procedures (MNRH)		48	51	99	1,688	1,613	1,649	1.0	1.0	1.0	1.0	1.0	
057		Px1	47	51	98	1,660	1,613	1,635	1.0	1.0	1.0	1.0	1.0	
057		Px2	1	1	3	2,999	2,649	2,713	1.0	2.0	2.0	1.5		
057		Px3		1	2		3,738	2,898		4.0	4.0			
057		Px4												
060	Major Eye Infections		62	52	114	5,231	4,658	4,970	4.9	4.3	4.3	4.6		
060		Px1	57	49	106	4,900	4,541	4,734	4.6	4.2	4.2	4.4		
060		Px2	3	2	5	9,027	4,321	7,145	5.7	8.0	8.0	6.6		
060		Px3	4	1	5	19,555	5,030	16,650	28.0	4.0	4.0	23.2		
060		Px4												
062	Hyphema		4	4	8	2,581	1,988	2,285	3.0	3.0	3.0	3.0		
062		Px1	4	4	8	2,581	1,988	2,285	3.0	3.0	3.0	3.0		
062		Px2												
062		Px3												
062		Px4												
063	Other Ophthalmic Diagnoses (MNRH)		100	118	218	3,137	3,093	3,113	2.9	2.7	2.7	2.8		
063		Px1	94	109	203	3,083	2,854	2,960	2.8	2.5	2.5	2.7		
063		Px2	7	9	16	7,709	8,010	7,878	7.0	9.9	9.9	8.6		

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code: Description	Px Level	Costed Cases			Average Cost			Average LOS of Costed Cases
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	
063	Ptx3	1	4	5	4,133	8,995	8,022	7.0
063	Ptx4	1	4	4	21,403	20,857	17.0	6.0
075 PWS - Radical Laryngectomy And Glossectomy	Ptx1	74	77	151	45,395	37,615	41,428	18.8
075	Ptx1	47	47	94	38,779	32,073	35,426	15.7
075	Ptx2	7	8	15	51,943	47,436	49,539	24.9
075	Ptx3	6	10	16	47,707	54,510	51,959	21.0
075	Ptx4	18	14	32	72,211	47,351	61,335	33.0
076 PWS - Major Head And Neck Procedures	Ptx1	176	163	339	14,695	15,210	14,943	6.4
076	Ptx1	146	121	267	9,130	9,785	9,427	4.4
076	Ptx2	7	11	18	24,371	25,193	24,873	12.0
076	Ptx3	7	9	16	39,964	20,242	28,870	14.7
076	Ptx4	15	21	36	51,102	56,109	54,022	20.0
077 Less Extensive Head And Neck Procedures	Ptx1	188	211	399	3,262	3,136	3,195	1.5
077	Ptx1	185	207	392	3,210	3,084	3,143	1.5
077	Ptx2	5	2	7	16,203	5,252	13,074	11.4
077	Ptx3	2	3	5	11,070	7,092	8,683	5.0
077	Ptx4	7	1	8	23,165	27,315	23,684	12.4
078 Cleft Lip And Palate Repair	Ptx1	112	105	217	5,133	4,214	4,688	1.7
078	Ptx1	110	105	215	4,991	4,214	4,611	1.7
078	Ptx2	2	1	5	12,934	18,623	12,577	2.0
078	Ptx3							5.0
078	Ptx4							3.0
081 Salivary Gland Procedures	Ptx4	147	143	290	4,028	3,759	3,895	1.3
081	Ptx1	146	143	289	4,023	3,759	3,892	1.3
081	Ptx2	1	1	2	4,733	11,036	7,985	1.0
081	Ptx3							6.0
081	Ptx4							3.5
082 Minor Ear, Nose And Throat Procedures		35	45	80	2,584	2,557	2,569	1.4
082	Ptx1	34	45	79	2,555	2,557	2,556	1.4
082	Ptx2	1	2	3,577	5,496	3.0	3.0	1.4

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost	Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended		2004/2005	2003/2004	Blended
082		Pix3	1	1	1	23,091	23,091	23.0	23.0
082		Pix4				43,258	23,538	15.0	15.0
083	Reconstructive ENT Procedures	Pix1	391	400	791	6,526	6,060	6,290	2.3
083		Pix2	3	3	6	10,755	7,888	9,321	2.2
083		Pix3	4	1	5	16,277	6,458	14,313	3.7
083		Pix4		2	2	22,174	22,174	22,174	7.5
084	Miscellaneous Ear, Nose And Throat Procedures	Pix1	94	96	190	5,072	4,335	4,699	3.3
084		Pix2	90	92	182	4,846	4,214	4,527	3.1
084		Pix3	3	1	5	6,833	14,320	13,072	5.0
084		Pix4	4	1	5	30,324	23,851	29,029	11.6
085	Mastoid Procedures	Pix1	125	187	312	8,686	10,682	9,882	1.1
085		Pix2	112	140	252	7,949	6,441	7,111	1.0
085		Pix3	2	5	7	3,001	19,835	15,025	1.0
085		Pix4	1	3	5	11,881	41,140	32,734	10.0
085		Pix4							3.3
086	Other Tonsillar Procedures	Pix1	31	24	55	2,873	3,495	3,144	2.0
086		Pix2	31	21	52	2,873	3,517	3,133	2.0
086		Pix3		1	1		1,575	1,575	
086		Pix4		3	3		1,826	1,826	
087	Sinus Procedures	Pix1	43	40	83	2,493	2,480	2,487	1.0
087		Pix2	42	39	81	2,511	2,474	2,493	1.0
087		Pix3	2	2	5	14,069	15,364	4,0	4.0
087		Pix4	1	2	5	3,175	6,122	6,992	1.5
088	Ethmoidectomy (MNRH)	Pix1	299	256	555	2,351	2,297	2,326	1.0
088		Pix2	297	256	553	2,348	2,297	2,324	1.0
088		Pix2	1	1	3	3,325	4,851	3,535	1.0

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code Description	Pix Level	Costed Cases			Average LOS of Costed Cases					
		2004/2005	2005/2006	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
088	Pix3	3	3	3	4,192		4,192	2.3	2.3	2.3
088	Pix4									
089 Dental Extraction Or Restoration (MNRH)	Pix1	154	147	301	2,465	2,592	2,527	1.3	1.4	1.3
089	Pix1	149	144	293	2,429	2,571	2,498	1.3	1.3	1.3
089	Pix2	4	4	8	2,684	5,391	4,038	2.0	4.3	3.1
089	Pix3	1	1	3	7,091	3,016	4,639	3.0	1.0	2.0
089	Pix4	1		2	26,019		16,734	30.0		30.0
090 External And Middle Ear Procedures (MNRH)	Pix1	96	100	196	2,434	2,179	2,304	1.0	1.0	1.0
090	Pix2	1		1	7,590		7,590	10.0		10.0
090	Pix3	1	1	2	9,744	3,022	6,383	3.0	1.0	2.0
090	Pix4									
091 Nasal Procedures (MNRH)	Pix1	77	70	147	2,097	1,837	1,973	1.0	1.0	1.0
091	Pix1	76	70	146	2,104	1,837	1,976	1.0	1.0	1.0
091	Pix2	2	2	4	4,874	18,582	11,728	2.0	6.0	4.0
091	Pix3									
091	Pix4									
092 Miringotomy (MNRH)	Pix1	19	22	41	2,540	2,267	2,394	1.7	1.4	1.5
092	Pix2	1	1	4	6,969	6,161	4,884	7.0	7.0	7.0
092	Pix3	3	2	5	4,372	6,006	5,025	2.3	3.5	2.8
092	Pix4									
093 Tonsillectomy And Adenoideectomy Procedures (MNRH)	Pix1	295	328	623	1,937	2,028	1,985	1.0	1.0	1.0
093	Pix2	7	6	13	15,989	5,044	10,938	8.1	2.7	5.6
093	Pix3	1	2	4	3,645	2,960	3,777	1.0	1.0	1.0
093	Pix4									
100 ENT Malignancy	Pix1	32	30	62	6,327	6,986	6,646	6.1	7.3	6.7
100	Pix2	9	8	17	9,947	13,980	11,845	12.9	16.0	14.4

Schedule 2 – Inpatient Yearly Comparisons

CMG Code Description	Plx Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
100	Ptx3	6	6	12	15,108	20,685	17,897	18.0	25.8	21.9			
100	Ptx4	2	3	5	18,115	43,876	33,571	7.5	27.3	19.4			
101 Acute Suppurative Infections	Ptx1	27	19	46	2,882	2,818	2,856	2.6	3.2	2.8			
101	Ptx2	27	19	46	2,882	2,818	2,856	2.6	3.2	2.8			
101	Ptx3			1				2,244					
101	Ptx4												
102 Dysequilibrium	Ptx1	234	255	489	2,679	2,593	2,634	3.8	3.6	3.7			
102	Ptx2	213	234	447	2,417	2,348	2,381	3.3	3.2	3.3			
102	Ptx3	10	11	21	4,555	3,768	4,143	7.3	4.7	6.0			
102	Ptx4	3	2	5	5,684	5,702	5,691	9.0	6.5	8.0			
104 Influenza	Ptx1	182	228	410	3,485	3,284	3,373	3.3	3.2	3.2			
104	Ptx2	165	204	369	3,338	3,216	3,271	3.2	3.1	3.1			
104	Ptx3	12	13	25	6,597	4,149	5,324	5.2	4.1	4.6			
104	Ptx4	8	11	19	6,072	5,145	5,536	8.8	4.2	6.1			
107 Epiglottitis	Ptx1	2	5	7	7,537	45,469	34,632	7.0	27.6	21.7			
107	Ptx2	19	21	40	4,784	4,676	4,722	3.1	3.3	3.2			
107	Ptx3	1	1	5	3,066	3,463	4,133	3.2	2.6	2.9			
107	Ptx4	3	5		18,892	16,147					2.0	2.0	
108 Epistaxis	Ptx1	90	95	185	2,460	2,523	2,493	3.4	3.1	3.2			
108	Ptx2	84	85	169	2,405	2,294	2,349	3.2	3.0	3.1			
108	Ptx3	3	7	10	2,843	3,667	3,420	4.3	4.0	4.1			
108	Ptx4	1	1	5	5,945	9,458	7,953	7.7	12.3	10.3			
109 Other ENT Infections	Ptx1	86	72	158	3,022	3,216	3,110	3.1	3.6	3.3			
109	Ptx2	76	67	143	2,876	2,937	2,904	3.0	3.4	3.2			
109	Ptx3	5	4	9	4,420	6,169	5,197	3.4	6.0	4.6			

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Costed Cases				Average Cost				Average LOS of Costed Cases				
		Plx Level	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
109		Plx3	5	1	6	3,843	10,098	4,885	4.4	6.0	4.7			
109		Plx4	3	4	22,659				18,567	16.0				16.0
113	Sinusitis (MNRH)		38	32	70	2,703	2,840	2,766	2.7	2.9	2.8			
113		Plx1	36	26	62	2,622	2,491	2,567	2.6	2.3	2.5			
113		Plx2	2	5	7	4,178	4,952	4,731	5.5	7.2	6.7			
113		Plx3		1	1				4,241	4,241	4.0	4.0		
113		Plx4		1	2				4,583	5,714	8.0	8.0		
114	Sore Throat (MNRH)		193	127	320	2,262	2,427	2,328	2.4	2.5	2.5			
114		Plx1	184	124	308	2,169	2,386	2,256	2.4	2.4	2.4			
114		Plx2	8	1	9	3,818	1,982	3,614	2.9	4.0	3.0			
114		Plx3	1	2	5	7,064	5,198	5,899	2.0	6.5	5.0			
114		Plx4			1				10,669					
115	Miscellaneous ENT Diagnoses (MNRH)		100	97	197	1,816	1,703	1,760	1.0	1.0	1.0			
115		Plx1	91	90	181	1,759	1,687	1,723	1.0	1.0	1.0			
115		Plx2	22	23	45	10,437	6,039	8,189	9.1	6.1	7.6			
115		Plx3	18	6	24	6,870	10,259	7,717	5.6	9.5	6.5			
115		Plx4	5	9	14	13,640	22,769	19,508	10.2	15.1	13.4			
116	Croup (MNRH)		99	168	267	1,937	1,782	1,839	1.5	1.4	1.4			
116		Plx1	98	165	263	1,930	1,746	1,815	1.5	1.4	1.4			
116		Plx2	1	2	5	2,616	5,249	2,986	2.0	2.5	2.3			
116		Plx3		2	3				7,604	6,600	3.0	3.0		
116		Plx4	2	2	4	31,073	29,951	30,512	10.0	10.5	10.3			
125	Tracheostomy		133	150	283	124,874	108,970	116,444	51.8	47.5	49.5			
125		Plx1	11	10	21	10,547	14,843	12,593	6.3	10.3	8.2			
125		Plx2	1		3	12,865			19,860	14.0				14.0
125		Plx3	4	4	8	66,439	31,410	48,924	27.3	12.0	19.6			
125		Plx4	117	136	253	138,578	118,172	127,609	57.3	51.3	54.1			
126	PWS - Resection Of Lung		394	415	809	11,776	11,352	11,558	7.5	6.8	7.2			
126		Plx1	298	293	591	10,571	9,954	10,265	6.7	6.0	6.4			
126		Plx2	55	84	139	14,801	12,906	13,656	10.5	8.8	9.5			

Schedule 2 – Inpatient Yearly Comparisons

CMG Code Description	Px Level	Custod Cases				Average Cost				Average LOS of Custod Cases			
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
126	Ptx3	39	29	68	17,282	17,835	17,518	12.9	10.9	12.1			
126	Ptx4	14	24	38	25,973	32,465	30,073	12.9	18.4	16.4			
127 Major Respiratory Procedures	Ptx1	427	426	853	13,521	14,149	13,835	10.8	10.6	10.7			
127	Ptx2	271	242	513	8,908	9,360	9,121	8.1	7.8	7.9			
127 Minor Respiratory Procedures	Ptx3	60	81	141	12,841	13,239	13,070	12.7	13.4	13.1			
128	Ptx4	51	40	91	15,611	16,433	15,973	15.4	14.2	14.9			
128 Other Respiratory Procedures	Ptx1	51	54	105	6,806	7,254	7,036	4.5	4.5	4.5			
128	Ptx2	5	12	17	6,345	9,111	8,297	4.0	7.5	6.5			
128	Ptx3	6	7	13	14,744	9,743	12,051	10.0	10.6	10.3			
128	Ptx4	11	7	18	67,762	65,595	66,919	24.5	33.0	27.8			
129 Tuberculosis	Ptx1	151	167	318	4,408	4,715	4,569	3.4	3.0	3.2			
129	Ptx2	109	127	236	2,909	3,387	3,166	1.4	1.4	1.4			
129	Ptx3	17	20	37	9,528	9,281	9,394	10.4	11.5	11.0			
129	Ptx4	8	7	15	13,668	9,598	11,769	18.3	14.3	16.4			
135 Respiratory Failure	Ptx1	8	6	14	23,480	26,715	24,866	18.5	19.2	18.8			
135	Ptx2	35	37	72	11,887	12,814	12,363	18.1	18.9	18.5			
135	Ptx3	25	28	53	10,740	10,016	10,358	15.7	16.4	16.1			
135	Ptx4	4	5	9	9,779	16,997	13,789	17.5	23.2	20.7			
136	Ptx1	309	361	670	13,648	14,622	14,173	8.8	10.1	9.5			
136	Ptx2	121	115	236	8,233	8,234	8,233	7.1	7.3	7.2			
136	Ptx3	50	73	123	8,181	9,901	9,202	5.9	8.9	7.7			
136	Ptx4	59	54	113	13,573	11,104	12,393	10.0	11.2	10.6			
137 Respiratory Infections And Inflammations	Ptx1	84	126	210	29,807	27,442	28,388	14.2	14.9	14.6			
137	Ptx2	634	622	1,256	10,702	9,965	10,337	9.5	9.3	9.4			
137	Ptx3	346	336	682	6,929	7,189	7,057	7.6	7.8	7.7			
137	Ptx4	118	97	215	10,640	9,483	10,118	11.2	10.4	10.9			

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Px Level	Costed Cases			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
137		Ptx3	92	98	190	13,331	11,291	12,279
137		Ptx4	92	108	200	28,777	22,033	25,135
138	Respiratory Neoplasms	Ptx1	606	706	1,312	8,359	8,421	8,392
138		Ptx2	305	308	613	6,347	6,232	6,290
138		Ptx3	80	112	192	9,343	9,275	9,305
138		Ptx4	47	73	120	17,046	14,583	15,548
139	Interstitial Disease	Ptx1	149	140	289	6,815	8,304	7,536
139		Ptx2	102	82	184	4,730	5,078	4,885
139		Ptx3	19	16	35	11,905	7,376	9,835
139		Ptx4	15	24	39	11,688	8,557	9,761
139	Chronic Obstructive Pulmonary Disease (COPD)	Ptx1	1,325	1,106	2,431	6,993	6,474	6,757
140		Ptx2	761	625	1,386	4,429	4,499	4,460
140		Ptx3	215	183	398	7,621	7,182	7,449
140		Ptx4	199	160	359	9,402	7,697	8,642
140		Ptx1	185	156	341	19,799	16,553	18,314
141	Pulmonary Edema	Ptx1	92	106	198	13,438	11,392	12,342
141		Ptx2	39	64	103	4,864	4,393	4,572
141		Ptx3	18	8	26	7,004	5,304	6,481
141		Ptx4	14	11	25	12,762	6,877	10,173
141	Chronic Bronchitis	Ptx1	26	25	51	42,029	36,571	39,353
142		Ptx2	1,635	1,593	3,228	5,225	5,157	5,191
142		Ptx3	1,201	1,156	2,357	4,022	3,816	3,921
142		Ptx4	192	172	364	7,001	6,520	6,774
142		Ptx1	172	165	337	9,534	7,870	8,719
142		Ptx2	75	108	183	16,255	18,737	17,719
143	Simple Pneumonia And Pleurisy	Ptx1	2,556	2,781	5,337	5,461	5,316	5,386
143		Ptx2	1,806	1,944	3,750	3,816	3,751	3,782
143		Ptx1	346	401	747	7,462	6,939	7,181
143		Ptx2					9.5	9.0

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Costed Cases						Average Cost			Average LOS of Costed Cases			
		Px1	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
143		Px3	247	256	503	9,320	8,612	8,959	10.2	9.1	9.6			
143		Px4	182	173	355	21,310	19,885	20,616	13.6	14.4	14.0			
144	Pneumothorax	Px1	165	179	344	3,540	3,867	3,710	4.6	4.7	4.6			
144		Px2	155	162	317	3,166	3,450	3,311	4.1	4.3	4.2			
144		Px3	7	12	19	9,960	6,926	8,044	12.1	8.5	9.8			
144		Px4	4	4	8	12,256	12,645	12,451	15.0	11.0	13.0			
145	Tracheobronchitis	Px1	716	797	1,513	3,550	3,764	3,663	3.2	3.2	3.2			
145		Px2	678	760	1,438	3,454	3,611	3,537	3.1	3.1	3.1			
145		Px3	28	32	60	5,539	8,493	7,115	5.8	7.1	6.5			
145		Px4	22	19	41	9,849	12,463	11,061	8.1	8.6	8.3			
145		Px1	27	21	48	44,979	55,591	49,622	14.8	14.1	14.5			
146	Asthma	Px2	1,099	1,217	2,316	2,543	2,595	2,570	2.4	2.4	2.4			
146		Px3	1,059	1,185	2,244	2,437	2,519	2,480	2.4	2.3	2.4			
146		Px4	29	25	54	5,230	6,756	5,937	4.8	5.9	5.3			
146		Px1	21	21	42	10,811	8,422	9,616	6.4	5.6	6.0			
146		Px2	10	8	18	28,964	28,925	28,946	11.1	8.1	9.8			
147	Other Respiratory Diagnoses	Px3	667	618	1,285	5,074	4,200	4,654	4.5	4.0	4.3			
147		Px4	512	488	1,000	3,782	3,271	3,533	3.6	3.3	3.5			
147		Px1	70	55	125	5,655	5,819	5,727	6.0	5.5	5.8			
147		Px2	52	49	101	8,536	9,233	8,874	8.9	8.7	8.8			
147		Px3	42	44	86	31,277	19,675	25,341	14.8	13.2	14.0			
147		Px4	2	5	7	40,515	43,137	42,388	11.5	10.6	10.9			
147		Px1	34	26	60	143,623	102,827	125,945	55.8	39.4	48.7			
176	PWS - Heart Or Lung Transplant	Px2	75	63	138	51,298	43,658	47,810	25.7	23.9	24.9			
176	Cath	Px3	18	20	38	31,388	30,981	31,174	17.9	18.2	18.1			
176		Px4	9	6	15	54,671	41,335	49,336	19.9	13.8	17.5			
176		Px1	2	5	7	40,515	43,137	42,388	11.5	10.6	10.9			
176		Px2	34	26	60	143,623	102,827	125,945	55.8	39.4	48.7			
176	PWS - Cardiac Valve Replacement With Heart Pump With Cardiac	Px3	75	63	138	51,298	43,658	47,810	25.7	23.9	24.9			
176		Px4	18	20	38	31,388	30,981	31,174	17.9	18.2	18.1			

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code / Description	Pix Level	Costed Cases				Average LOS of Costed Cases				
		2004 / 2005	2003 / 2004	Blended	2004 / 2005	2003 / 2004	Blended	2004 / 2005	2003 / 2004	Blended
176	Pix2	11	13	24	36,355	36,666	36,524	22.4	23.7	23.1
176	Pix3	17	13	30	44,628	40,310	42,757	28.5	28.5	28.5
176	Pix4	31	19	50	83,218	78,639	81,497	33.5	32.8	33.2
PWS - Cardiac Valve Replacement With Heart Pump Without Cath										
177	Cath	461	523	984	25,934	24,305	25,068	9.1	8.6	8.9
177	Pix1	286	313	599	21,184	19,685	20,401	7.1	6.8	6.9
177	Pix2	65	92	157	27,044	24,618	25,622	9.8	9.5	9.6
177	Pix3	40	51	91	30,867	32,528	31,798	12.9	14.1	13.6
177	Pix4	75	77	152	58,265	55,806	57,019	21.5	19.1	20.3
PWS - Coronary Bypass With Heart Pump With Cardiac Cath										
178	Pix1	86	74	160	25,598	25,823	25,702	15.4	16.5	15.9
178	Pix2	93	120	213	28,007	28,007	28,007	17.3	16.6	16.9
178	Pix3	50	46	96	29,981	33,158	31,503	19.4	19.2	19.3
178	Pix4	49	53	102	63,830	56,036	59,780	23.7	23.4	23.6
PWS - Coronary Bypass With Heart Pump Without Cardiac Cath										
179	Pix1	726	785	1,511	15,667	15,371	15,513	6.7	6.4	6.6
179	Pix2	268	333	601	18,848	18,555	18,675	9.0	8.5	8.7
179	Pix3	108	138	246	24,735	22,006	23,204	11.4	9.8	10.5
179	Pix4	105	135	240	46,688	43,580	44,940	17.6	16.6	17.0
PWS - Other Cardio-Thoracic Procedures With Heart Pump With										
181	Cardiac Cath	19	31	50	66,676	64,328	65,220	21.9	22.6	22.3
181	Pix1	2	4	6	28,938	18,700	22,113	11.0	10.5	10.7
181	Pix2	3	9	12	21,527	27,013	25,642	17.7	16.7	16.9
181	Pix3	1	2	5	28,694	21,363	26,923	25.0	9.5	14.7
181	Pix4	14	16	30	96,577	102,096	99,520	27.6	30.6	29.2
PWS - Other Cardio-Thoracic Procedures With Heart Pump Without										
182	Cardiac Cath	261	294	555	25,209	23,693	24,406	8.2	7.8	8.0
182	Pix1	141	165	306	16,753	17,498	17,106	5.9	6.1	6.0
182	Pix2	47	50	97	22,358	22,062	22,206	7.9	7.0	7.5
182	Pix3	24	21	45	30,059	24,134	25,894	10.4	9.7	10.1

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Costed Cases				Average Cost			Average LOS of Costed Cases		
		Pix Level	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
182		Pix4	60	68	128	63,090	54,633	58,597	18.6	16.8	17.6
183	PWS - Major Cardio-Thoracic Procedures Without Heart Pump With Cardiac Cath										
183	Pix1	29	45	74	12,016	14,240	13,368	5.1	5.4	5.2	
183	Pix2	21	28	49	15,557	20,471	18,365	6.0	9.0	7.7	
183	Pix3	16	24	40	20,446	25,520	23,490	6.6	9.7	8.5	
183	Pix4	36	46	82	37,204	32,785	34,725	16.8	14.3	15.4	
184	PWS - Major Cardio-Thoracic Procedures Without Heart Pump Without Cardiac Cath										
184	Pix1	31	46	77	14,523	10,712	12,246	7.2	5.4	6.1	
184	Pix2	20	31	31	14,718	16,761	15,443	9.6	11.6	10.3	
184	Pix3	14	12	26	18,756	16,135	17,546	15.4	14.2	14.8	
184	Pix4	13	20	33	47,976	37,201	41,446	30.8	22.7	25.8	
185	Permanent Pacemaker Implant For Specified Cardiac Conditions										
185	Pix1	72	94	166	39,181	34,887	36,750	6.9	8.8	8.0	
185	Pix2	42	62	104	39,966	39,646	39,775	12.7	11.3	11.9	
185	Pix3	30	32	62	46,610	50,542	48,640	13.7	14.9	14.3	
185	Pix4	19	14	33	65,543	61,881	63,989	23.9	28.1	25.7	
186	Permanent Pacemaker Implant Without Specified Cardiac Conditions										
186	Pix1	517	539	1,056	18,544	18,556	18,550	5.4	5.4	5.4	
186	Pix2	409	401	810	16,309	16,366	16,337	4.4	3.9	4.1	
186	Pix3	52	82	134	25,220	22,490	23,550	8.4	9.5	9.1	
186	Pix4	47	47	94	28,610	28,092	28,351	8.9	11.2	10.1	
186	Pix4	10	19	29	42,666	37,390	39,209	19.2	20.8	20.3	
188	PWS - Percutaneous Transluminal Coronary Angioplasty W Complicating Card Conditions										
188	Pix1	943	868	1,811	10,812	10,968	10,887	4.8	4.5	4.7	
188	Pix2	178	211	389	13,127	12,159	12,602	6.5	6.4	6.4	
188	Pix3	124	90	214	15,171	15,166	15,169	7.7	8.4	8.0	
188	Pix4	60	70	130	26,953	24,393	25,575	12.7	12.9	12.8	
189	PWS - Percutaneous Transluminal Coronary Angioplasty W/0 Complic Cardiac Conditions										
189	1,533	1,165	2,698	7,889	7,977	7,927	1.8	1.7	1.8	1.8	

Schedule 2 – Inpatient Yearly Comparisons

CMG Code Description	Pix Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
189	Pix1	752	564	1,316	6,934	7,595	7,218	1.0	1.0	1.0	1.0	1.0	1.0
189	Pix2	659	470	1,129	8,997	8,781	8,907	3.2	2.9	3.1	3.1	3.1	3.1
189	Pix3	53	59	112	13,336	11,983	12,623	6.0	5.3	5.6	5.6	5.6	5.6
189	Pix4	15	5	20	33,728	24,084	30,567	16.0	12.6	15.2	15.2	15.2	15.2
191 Temporary Cardiac Pacemaker	Pix1	15	10	25	13,509	8,656	11,568	5.9	5.4	5.7	5.7	5.7	5.7
191	Pix2	7	6	13	5,132	7,677	6,306	4.3	5.2	4.7	4.7	4.7	4.7
191	Pix3	1	2	5	2,614	16,015	12,272	1.0	8.5	6.0	6.0	6.0	6.0
191	Pix4	7	1	8	23,443	3,170	20,909	8.1	1.0	7.3	7.3	7.3	7.3
193 Cardiac Pacemaker Device Replacement Or Revision	Pix1	50	45	95	13,979	10,289	12,231	4.4	3.0	3.7	3.7	3.7	3.7
193	Pix2	31	32	63	12,298	8,719	10,480	2.0	1.6	1.8	1.8	1.8	1.8
193	Pix3	5	5	10	31,358	24,760	26,559	14.4	8.6	11.5	11.5	11.5	11.5
193	Pix4	1	3	5	12,235	23,718	20,702	7.0	10.7	9.8	9.8	9.8	9.8
193	Pix1	2	1	5	34,935	83,975	38,421	28.0	22.0	26.0	26.0	26.0	26.0
194 PWS - Minor Cardio-Thoracic Procedures Without Heart Pump	Pix1	224	222	446	6,777	7,820	7,296	2.3	2.2	2.3	2.3	2.3	2.3
194	Pix2	175	175	350	5,788	6,816	6,302	1.3	1.3	1.3	1.3	1.3	1.3
194	Pix3	18	15	33	15,825	12,972	14,528	10.0	6.4	8.4	8.4	8.4	8.4
194	Pix4	8	6	14	10,896	13,379	11,960	3.9	6.3	4.9	4.9	4.9	4.9
194 AMI, Unstable Angina Or Cardiac Cath With Shock Or Pulmonary Embolism	Pix1	4	3	7	12,028	43,077	25,334	9.8	20.3	14.3	14.3	14.3	14.3
200	Pix2	62	80	142	13,563	14,118	13,876	8.7	7.9	8.3	8.3	8.3	8.3
200	Pix3	19	17	36	6,571	6,085	6,341	4.3	3.4	3.9	3.9	3.9	3.9
200	Pix4	8	15	23	6,719	13,457	11,113	6.1	7.7	7.2	7.2	7.2	7.2
200	Pix1	11	24	35	11,668	11,361	11,458	8.6	8.8	8.7	8.7	8.7	8.7
201 AMI With Cardiac Cath With Congestive Heart Failure	Pix2	21	27	48	21,131	28,170	25,090	11.5	14.2	13.0	13.0	13.0	13.0
201	Pix3	65	84	149	13,805	15,271	14,631	11.8	12.2	12.0	12.0	12.0	12.0
201	Pix4	34	55	89	12,111	12,212	12,174	11.2	10.6	10.3	10.3	10.3	10.3
201	Pix1	18	14	32	15,721	14,942	15,380	13.8	12.2	13.1	13.1	13.1	13.1
201	Pix2	8	5	13	15,322	14,327	14,939	10.6	9.2	10.1	10.1	10.1	10.1

Schedule 2 – Inpatient Yearly Comparisons

CMG Code, Description	Px Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
201	Pix4	6	12	18	19,208	39,880	32,989	15.5	25.5	22.2
202 AMI With Cardiac Cath With Ventricular Tachycardia	Pix1	10	5	15	9,870	11,836	10,525	8.2	9.8	8.7
202	Pix2	8	2	10	9,288	9,704	9,371	7.4	10.5	8.0
202	Pix3	1	1	1	6,266	6,266	6,266	5.0	5.0	
202	Pix4	2	4	12,199	11,786	11.5				11.5
203 AMI With Cardiac Cath With Angina	Pix1	18	27	45	8,696	6,801	7,559	8.6	6.7	7.4
203	Pix2	16	24	40	8,411	6,329	7,162	8.1	6.0	6.9
203	Pix3	1	3	5	14,307	10,581	11,265	17.0	12.0	13.3
203	Pix4	1	3	7,655	7,182	8.0				8.0
				1	6,067					
204 AMI With Cardiac Cath Without Specified Cardiac Conditions	Pix1	388	404	792	8,459	8,381	8,419	8.1	7.9	8.0
204	Pix2	319	353	672	7,648	7,747	7,700	7.4	7.3	7.4
204	Pix3	36	27	63	10,821	11,240	11,001	10.9	11.7	11.2
204	Pix4	21	16	37	12,309	11,906	12,135	10.1	10.3	10.2
204	Pix1	11	7	18	22,014	23,462	22,577	14.5	17.6	15.7
205 AMI Without Cardiac Cath With Congestive Heart Failure	Pix1	187	214	401	9,361	9,568	9,471	9.0	9.1	9.1
205	Pix2	109	111	220	7,661	7,234	7,446	8.1	7.3	7.7
205	Pix3	28	41	69	9,294	10,002	9,715	9.5	10.3	10.0
205	Pix4	29	23	52	10,155	8,932	9,614	9.0	10.0	9.4
206 AMI Without Cardiac Cath With Ventricular Tachycardia	Pix1	24	40	64	18,660	18,271	18,417	15.7	14.3	14.8
206	Pix2	9	20	29	4,030	6,738	5,898	3.2	6.4	5.4
206	Pix3	8	15	23	4,213	5,085	4,782	3.5	5.0	4.5
206	Pix4	1	2	5	2,562	13,521	6,800	1.0	8.0	5.7
207 AMI Without Cardiac Cath With Angina	Pix1	18	18	36	8,479	6,665	7,572	7.2	7.1	7.2
207	Pix2	11	15	26	5,960	6,213	6,106	5.5	6.7	6.2
207		4	5	15,516	15,767	9.5				9.5

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code/Description	Pix Level	Costed Cases			Average Cust	Average LOS of Costed Cases			
		2004/2005	2003/2004	Blended					
207	Pix3	2	3	5	6,383	8,921	7,906	10.5	9.0
207	Pix4	1		2	12,229		13,084	11.0	11.0
208 AMI Without Cardiac Cath Without Specified Cardiac Conditions	Pix1	591	585	1,176	5,478	5,550	5,514	4.8	4.9
208	Pix2	60	51	111	9,150	7,614	8,444	9.3	6.7
208	Pix3	34	45	79	8,725	6,299	7,343	7.6	6.2
208	Pix4	37	40	77	11,299	16,596	14,051	8.3	11.2
Unstable Angina With Cardiac Cath With Specified Cardiac									
210 Conditions	Pix1	8	20	28	9,662	10,349	10,153	8.8	10.0
210	Pix2	8	13	21	9,662	7,937	8,594	8.8	7.7
210	Pix3		4	5		15,179	13,327		
210	Pix4		3	4		14,323	17,944		
Unstable Angina With Cardiac Cath Without Specified Cardiac									
211 Conditions	Pix1	146	186	332	6,620	6,741	6,687	7.9	6.8
211	Pix2	139	173	312	6,452	6,701	6,590	7.7	6.8
211	Pix3	5	10	15	9,620	7,805	8,410	11.4	8.8
211	Pix4	2	4	6	15,172	8,771	10,905	18.5	7.5
211								22.0	22.0
Unstable Angina Without Cardiac Cath With Specified Cardiac									
212 Conditions	Pix1		45	35	80	6,947	7,864	7,349	7.3
212	Pix2	31	31	62	5,350	7,948	6,649	5.1	7.1
212	Pix3	7	2	9	8,424	6,835	8,071	10.6	6.0
212	Pix4	4	1	5	12,952	7,953	11,952	14.0	10.0
212		5	2	7	17,385	14,056	16,434	19.8	21.5
Unstable Angina Without Cardiac Cath Without Specified Cardiac									
213 Conditions	Pix1	342	362	704	3,375	3,412	3,394	3.9	3.4
213	Pix2	321	336	657	3,301	3,287	3,294	3.8	3.3
213	Pix3	17	20	37	4,423	4,904	4,683	4.9	4.9
213	Pix4	3	10	13	4,417	11,369	9,765	5.3	14.2
213		1	5	6	6,137	8,944	8,476	8.0	7.0

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Costed Cases				Average Cost				Average LOS of Costed Cases		
		Pix Level	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	
215	Cardiac Cath With Congestive Heart Failure		219	229	448	11,678	12,084	11,886	12.4	12.4	12.4	
215		Ptx1	167	153	320	9,675	9,780	9,725	10.9	10.9	10.8	
215		Ptx2	22	30	52	14,556	12,746	13,512	16.4	14.2	15.1	
215		Ptx3	19	29	48	17,667	14,746	15,902	17.2	14.5	15.5	
215		Ptx4	18	16	34	31,324	27,577	29,561	27.0	21.5	24.4	
216	Cardiac Cath With Ventricular Tachycardia		133	111	244	9,177	9,451	9,301	9.3	9.4	9.4	
216		Ptx1	115	100	215	8,257	8,406	8,326	8.5	8.8	8.7	
216		Ptx2	6	2	8	13,059	10,336	12,379	11.3	9.0	10.8	
216		Ptx3	9	3	12	13,908	8,624	12,587	14.2	10.7	13.3	
216		Ptx4	2	4	6	22,178	22,200	22,193	18.5	13.5	15.2	
217	Cardiac Cath With Unstable Angina		140	164	304	6,337	6,001	6,156	7.4	6.7	7.0	
217		Ptx1	135	155	290	6,218	5,829	6,010	7.4	6.5	6.9	
217		Ptx2	3	5	8	8,711	7,987	8,258	8.0	9.8	9.1	
217		Ptx3	2	4	6	10,855	13,669	12,731	11.5	14.8	13.7	
217		Ptx4		1	5		6,251	11,731		7.0	7.0	
218	Cardiac Cath Without Specified Cardiac Conditions		859	743	1,602	5,024	4,904	4,969	4.8	4.9	4.8	
218		Ptx1	823	704	1,527	4,868	4,747	4,812	4.7	4.7	4.7	
218		Ptx2	25	25	50	8,619	7,927	8,273	6.8	8.4	7.6	
218		Ptx3	10	14	24	14,498	8,593	11,053	12.8	8.5	10.3	
218		Ptx4	6	6	12	19,221	13,680	16,450	13.8	18.0	15.9	
219	Endocarditis		61	52	113	14,444	15,779	15,058	15.0	16.5	15.7	
219		Ptx1	33	32	65	8,311	10,289	9,285	11.4	13.9	12.6	
219		Ptx2	7	6	13	11,322	10,457	10,923	12.4	11.3	11.9	
219		Ptx3	5	4	9	19,956	13,649	17,153	19.8	9.5	15.2	
219		Ptx4	17	10	27	28,618	37,024	31,731	25.2	31.2	27.4	
220	Pulmonary Embolism		518	541	1,059	5,474	5,492	5,483	6.9	6.8	6.9	
220		Ptx1	322	335	657	4,391	4,371	4,381	5.8	5.8	5.8	
220		Ptx2	132	135	267	5,798	5,888	5,844	7.7	7.8	7.7	
220		Ptx3	42	48	90	9,082	11,072	10,143	10.9	13.6	12.3	
220		Ptx4	28	34	62	21,191	13,709	17,088	14.8	11.7	13.1	

Schedule 2 – Inpatient Yearly Comparisons

CMG Code: Description	Ptx Level	Costed Cases				Average Cost				Average LOS of Costed Cases
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	
222 Heart Failure	Ptx1	1,764	1,792	3,556	6,911	6,660	6,785	8.9	8.7	8.8
222	Ptx2	1,109	1,122	2,231	5,442	5,077	5,258	7.4	7.0	7.2
222	Ptx3	336	335	671	7,881	8,024	7,953	11.1	11.3	11.2
222	Ptx4	200	214	414	9,764	10,888	10,345	13.2	14.9	14.1
222 Hypertensive Heart Disease	Ptx1	176	179	355	19,748	16,587	18,154	21.1	17.6	19.3
225	Ptx2	11	26	37	8,769	6,402	7,106	11.0	8.4	9.2
225	Ptx3	8	8	8	5,002	5,002	5,002	6.3	6.3	6.3
225	Ptx4	7	12	19	5,532	5,185	5,313	7.9	7.8	7.8
225	Ptx1	4	5	9	18,751	10,723	14,291	21.0	14.0	17.1
225	Ptx2	2	2	5	19,450	24,733	19,930	22.0	28.0	25.0
226 Other Circulatory Diagnoses	Ptx1	561	478	1,039	5,956	5,523	5,756	5.4	5.7	5.6
226	Ptx2	386	316	702	4,284	4,172	4,234	4.5	4.5	4.5
226	Ptx3	97	98	195	8,548	6,974	7,757	7.5	8.1	7.8
226	Ptx4	63	48	111	9,715	11,343	10,419	9.6	12.0	10.7
229 Atherosclerosis (MNRH)	Ptx1	299	340	639	5,135	4,541	4,819	5.3	5.2	5.2
229	Ptx2	227	250	477	3,962	3,320	3,625	4.3	3.9	4.1
229	Ptx3	42	55	97	8,591	7,599	8,028	8.7	9.2	9.0
229	Ptx4	26	27	53	10,996	12,302	11,662	14.6	12.1	13.3
232 Acquired Valvular Disorders (MNNRH)	Ptx1	16	18	34	24,940	20,355	22,513	20.3	18.2	19.2
232	Ptx2	63	63	126	5,979	6,468	6,223	6.9	7.2	7.0
232	Ptx3	42	41	83	4,691	5,397	5,040	5.5	6.6	6.0
232	Ptx4	14	15	29	7,428	5,845	6,609	9.4	6.0	7.6
232	Ptx1	9	3	12	19,559	11,465	17,536	22.1	24.7	22.3
232	Ptx2	1	7	8	4,280	29,478	26,328	1.0	25.9	22.8
233 Hypertension (MNNRH)	Ptx1	122	109	231	3,578	3,321	3,457	4.4	4.1	4.2
233	Ptx2	102	92	194	3,156	3,171	3,163	4.2	3.9	4.1
233	Ptx3	15	13	28	5,843	4,783	5,351	6.3	5.6	6.0
233	Ptx4	7	4	11	9,713	2,295	7,016	9.6	3.5	7.4
233	Ptx1	3	2	5	6,837	11,864	8,848	7.3	19.5	12.2

Schedule 2 – Inpatient Yearly Comparisons

CMG Code Description	Ptx Level	Costed Cases				Average Cost			Average LOS of Costed Cases		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	
234 Congenital Cardiac Disorders (MNRH)	Ptx1	29	16	45	10,631	13,801	11,758	6.5	6.3	6.4	
234	Ptx1	13	11	24	6,998	6,881	6,944	3.8	3.6	3.7	
234	Ptx2	6	3	9	5,083	8,509	6,225	4.2	7.0	5.1	
234	Ptx3	5		5	18,113		18,113	11.0		11.0	
234	Ptx4	3	3	6	13,118	73,968	43,543	8.7	22.3	15.5	
235 Angina Pectoris	Ptx1	98	79	177	2,578	2,925	2,733	3.2	3.3	3.3	
235	Ptx1	96	74	170	2,585	2,809	2,682	3.2	3.2	3.2	
235	Ptx2	2	5	7	2,262	5,829	4,810	3.5	7.8	6.6	
235	Ptx3	1	1	5	7,819	6,111	7,065	11.0	6.0	8.5	
235	Ptx4	1		1	8,857		8,857	11.0		11.0	
237 Arrhythmia	Ptx1	994	951	1,945	4,240	4,353	4,295	4.7	4.8	4.7	
237	Ptx1	761	719	1,480	3,540	3,707	3,621	3.9	4.0	4.0	
237	Ptx2	173	165	338	6,674	5,720	6,209	8.3	6.9	7.6	
237	Ptx3	68	58	126	9,256	8,868	9,078	9.6	10.3	9.9	
237	Ptx4	21	32	53	18,191	19,121	18,752	18.6	20.3	19.6	
240 Syncope And Collapse	Ptx1	305	297	602	3,272	3,390	3,330	3.9	4.3	4.1	
240	Ptx1	276	266	542	3,042	3,196	3,117	3.7	4.0	3.9	
240	Ptx2	17	25	42	7,659	5,535	6,395	9.5	8.1	8.7	
240	Ptx3	15	15	30	5,169	8,431	6,800	6.9	11.7	9.3	
240	Ptx4	1	3	5	6,208	9,774	11,204	8.0	13.3	12.0	
242 Chest Pain	Ptx1	978	931	1,909	2,339	2,349	2,344	2.6	2.5	2.6	
242	Ptx1	951	898	1,849	2,311	2,322	2,316	2.6	2.5	2.5	
242	Ptx2	30	31	61	4,098	3,833	3,963	5.0	4.5	4.8	
242	Ptx3	7	10	17	7,588	5,392	6,296	9.1	6.5	7.6	
242	Ptx4	1	3	5	6,706	11,713	10,053	8.0	18.0	15.5	
250 Extensive Gastrointestinal Procedures	Ptx1	58	73	131	22,692	24,124	23,490	13.2	15.5	14.4	
250	Ptx1	37	33	70	17,819	17,321	17,584	10.5	11.3	10.9	
250	Ptx2	9	11	20	21,699	20,998	21,314	12.9	14.2	13.6	
250	Ptx3	5	13	18	34,221	29,789	31,020	19.8	18.2	18.7	
250	Ptx4	8	16	24	50,460	40,087	43,545	27.1	24.3	25.3	

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Costed Cases				Average LOS of Costed Cases			
		Pix Level	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005
251	Gastrostomy And Colostomy Procedures	813	852	1,665	22,036	19,627	20,804	16.0	15.5
251	Pix1	427	452	879	13,482	12,088	12,765	10.5	10.6
251	Pix2	83	92	175	19,664	18,280	18,936	16.2	15.7
251	Pix3	120	128	248	25,193	20,580	22,812	21.0	17.6
251	Pix4	216	200	416	57,474	51,831	54,761	34.9	34.6
252	Major Esophageal, Stomach And Duodenum Procedures	67	53	120	18,741	15,241	17,195	13.0	13.1
252	Pix1	41	34	75	13,490	12,392	12,992	10.0	11.0
252	Pix2	9	9	18	20,772	17,258	19,015	14.2	13.7
252	Pix3	9	2	11	23,526	15,968	22,152	15.4	15.0
252	Pix4	11	10	21	49,716	51,475	50,553	32.0	31.2
253	Major Intestinal And Rectal Procedures	1,335	1,308	2,643	13,244	12,236	12,745	10.5	10.5
253	Pix1	916	885	1,801	10,646	9,749	10,205	8.7	8.8
253	Pix2	111	138	249	17,248	14,846	15,917	15.1	13.4
253	Pix3	170	143	313	16,062	15,824	15,953	13.2	14.1
253	Pix4	182	181	363	35,360	32,434	33,901	22.9	21.5
255	Less Extensive Esophageal, Stomach And Duodenum Procedures	534	547	1,081	8,570	8,437	8,503	6.0	6.6
255	Pix1	454	440	894	7,728	7,578	7,654	5.5	5.9
255	Pix2	34	42	76	10,193	11,459	10,893	7.4	8.6
255	Pix3	25	50	75	11,329	12,931	12,397	9.9	11.2
255	Pix4	32	39	71	29,362	29,789	29,597	16.6	18.7
258	Laparotomy	587	463	1,050	8,823	8,702	8,770	7.7	7.7
258	Pix1	451	347	798	7,236	7,153	7,200	6.3	6.7
258	Pix2	52	53	105	11,213	13,752	12,495	11.3	12.7
258	Pix3	38	44	82	13,097	15,021	14,129	11.3	13.2
258	Pix4	41	30	71	25,948	24,014	25,131	18.6	17.5
260	Less Extensive Intestinal And Rectal Procedures	161	162	323	3,558	3,166	3,361	3.1	2.8
260	Pix1	155	151	306	3,496	2,988	3,245	3.1	2.6
260	Pix2	4	8	12	3,756	7,317	6,130	2.8	6.5
260	Pix3	4	4	8	14,077	3,801	8,939	11.5	4.0
260	Pix4	2	5	5	27,199	41,282	25.5	25.5	

Schedule 2 – Inpatient Yearly Comparisons

CIMG Code	Description	Costed Cases				Average Cost				Average LOS of Costed Cases				
		Phx Level	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
261	Complicated Appendectomy	591	573	1,164	5,718	5,603	5,661	4.7	4.8	4.7	4.7	4.7	4.7	4.7
261	Ptx1	517	483	1,000	5,139	4,989	5,067	4.2	4.2	4.2	4.2	4.2	4.2	4.2
261	Ptx2	31	26	57	10,229	8,961	9,650	8.3	8.2	8.2	8.3	8.2	8.2	8.3
261	Ptx3	31	33	64	10,082	7,754	8,882	8.1	6.7	6.7	7.4	6.7	6.7	7.4
261	Ptx4	8	16	24	14,243	11,027	12,099	11.3	8.1	8.1	9.1	8.1	8.1	9.1
262	Simple Appendectomy	1,429	1,456	2,885	3,270	3,067	3,168	2.2	2.2	2.2	2.2	2.2	2.2	2.2
262	Ptx1	1,412	1,440	2,852	3,221	3,051	3,136	2.2	2.2	2.2	2.2	2.2	2.2	2.2
262	Ptx2	11	11	22	4,794	5,109	4,951	4.0	4.0	4.0	4.5	4.0	4.5	4.2
262	Ptx3	14	12	26	9,977	6,313	8,286	5.4	5.4	5.4	5.7	5.4	5.7	5.5
262	Ptx4	7	4	11	11,756	11,877	11,800	10.7	10.7	10.7	10.7	10.7	10.7	10.7
264	Minor Gastrointestinal Procedures	64	62	126	5,549	5,153	5,354	3.1	3.1	3.1	3.0	3.0	3.1	3.1
264	Ptx1	59	53	112	5,260	5,125	5,196	3.0	3.0	3.0	2.9	2.9	2.9	2.9
264	Ptx2	3	7	10	10,594	5,271	6,868	10.3	10.3	10.3	3.6	3.6	3.6	5.6
264	Ptx3	7	3	10	14,935	9,131	13,194	11.6	11.6	11.6	7.0	7.0	7.0	10.2
264	Ptx4	4	1	5	43,416	11,043	36,942	13.8	9.0	9.0	12.8	9.0	9.0	12.8
265	Abdominal Laparoscopy	50	46	96	3,628	3,503	3,568	2.8	2.8	2.8	2.8	2.8	2.8	2.8
265	Ptx1	43	43	86	3,385	3,591	3,488	2.7	2.7	2.7	2.9	2.9	2.9	2.8
265	Ptx2	2	2	4	3,180	1,548	2,364	3.5	3.5	3.5	1.5	1.5	1.5	2.5
265	Ptx3	4		5	8,167		7,872	6.5						6.5
265	Ptx4	2	1	3	6,474	3,628	5,525	4.0	4.0	4.0	3.0	3.0	3.0	3.7
266	Anus And Stomal Procedures (MNRH)	403	389	792	2,866	2,730	2,799	2.3	2.3	2.3	2.2	2.2	2.2	2.3
266	Ptx1	394	376	770	2,860	2,677	2,771	2.3	2.3	2.3	2.2	2.2	2.2	2.2
266	Ptx2	10	13	23	5,368	5,239	5,295	6.1	6.1	6.1	5.5	5.5	5.5	5.7
266	Ptx3	10	7	17	8,895	10,142	9,409	9.7	9.7	9.7	11.4	11.4	11.4	10.4
266	Ptx4	1	10	11	29,666	43,383	42,136	21.0	21.0	21.0	38.4	38.4	38.4	36.8
269	Bilateral Hernia Procedures	1,083	926	2,009	3,530	3,473	3,504	2.2	2.2	2.2	2.4	2.4	2.4	2.3
269	Ptx1	1,056	881	1,937	3,465	3,378	3,425	2.2	2.2	2.2	2.3	2.3	2.3	2.2
269	Ptx2	26	34	60	7,925	6,241	6,971	6.2	6.2	6.2	5.6	5.6	5.6	5.6
269	Ptx3	14	19	33	8,674	7,047	7,737	7.0	7.0	7.0	5.8	5.8	5.8	6.3
269	Ptx4	7	6	13	25,396	16,445	21,265	13.4	13.4	13.4	10.0	10.0	10.0	11.8

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code Description	Ptx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
271 Unilateral Hernia Procedures (MNRH)		202	244	446	2,628	2,589	2,607	1.8	1.7	1.7
271	Ptx1	192	238	430	2,599	2,551	2,572	1.7	1.7	1.7
271	Ptx2	9	10	19	4,765	7,232	6,063	4.8	7.4	6.2
271	Ptx3	3	5	8	3,129	10,181	7,537	2.7	6.2	4.9
271	Ptx4	3	3	6	18,749	39,616	29,183	19.7	20.3	20.0
279 Digestive System Malignancy		397	389	786	7,120	7,045	7,083	9.6	9.3	9.4
279	Ptx1	278	226	504	5,479	5,289	5,394	7.5	7.1	7.3
279	Ptx2	54	82	136	8,753	8,146	8,387	11.7	11.0	11.3
279	Ptx3	40	46	86	11,851	8,719	10,176	17.2	11.2	14.0
279	Ptx4	27	34	61	117,235	144,594	157,763	20.7	18.0	19.2
281 G.I. Hemorrhage		1,242	1,149	2,391	4,170	3,828	4,006	4.6	4.5	4.6
281	Ptx1	1,022	934	1,956	3,379	3,259	3,322	4.0	4.0	4.0
281	Ptx2	105	105	210	7,135	6,349	6,742	8.2	7.6	7.9
281	Ptx3	78	78	156	7,956	8,169	8,063	8.8	9.7	9.2
281	Ptx4	64	47	111	17,307	12,187	15,139	13.2	10.9	12.2
285 Complicated Ulcer		85	91	176	4,476	3,943	4,201	5.8	5.3	5.5
285	Ptx1	66	77	143	3,605	3,577	3,590	5.0	4.9	4.9
285	Ptx2	7	8	15	6,687	12,138	9,594	9.4	16.3	13.1
285	Ptx3	10	10	20	9,382	8,892	9,137	11.5	13.2	12.4
285	Ptx4	5	4	9	15,456	8,101	12,187	13.6	10.5	12.2
286 Uncomplicated Ulcer		82	89	171	3,221	3,283	3,253	4.0	4.1	4.0
286	Ptx1	76	79	155	3,109	3,201	3,156	3.8	4.0	3.9
286	Ptx2	3	7	10	6,638	4,001	4,793	7.7	5.4	6.1
286	Ptx3	3	5	8	7,469	5,727	6,380	9.3	8.6	8.9
286	Ptx4	4	5	10,683	11,965	12,8				12.8
289 Inflammatory Bowel Disease		449	409	858	3,892	3,847	3,871	5.5	5.4	5.4
289	Ptx1	404	382	786	3,763	3,907	3,833	5.3	5.5	5.4
289	Ptx2	16	16	32	6,650	6,056	6,353	9.2	9.5	9.3
289	Ptx3	33	21	54	6,120	5,221	5,771	8.0	7.7	7.9
289	Ptx4	6	4	10	10,709	17,224	13,315	17.2	22.3	19.2

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Px Level	Costed Cases				Average Cost	Average LOS of Costed Cases			
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
290 G.I. Obstruction		Px2	982	917	1,899	3,276	3,120	3,201	4.5	4.3	4.4
290	G.I. Obstruction	Px1	874	820	1,694	2,871	2,787	2,830	4.1	3.8	4.0
290		Px2	39	49	88	5,778	5,213	5,464	7.5	6.7	7.0
290		Px3	37	25	62	7,043	7,671	7,296	8.8	11.2	9.8
290		Px4	21	20	41	12,857	12,565	12,715	15.0	14.5	14.7
294 Esophagitis, Gastroenteritis And Miscellaneous Digestive Disease		Px2	3,739	3,539	7,278	3,103	2,848	2,979	3.9	3.7	3.8
294	Esophagitis, Gastroenteritis And Miscellaneous Digestive Disease	Px1	3,210	3,101	6,311	2,696	2,541	2,620	3.4	3.3	3.3
294		Px2	256	217	473	5,475	4,662	5,102	6.7	6.5	6.6
294		Px3	164	139	303	5,752	5,568	5,668	7.4	7.2	7.3
294		Px4	72	80	152	14,234	14,552	14,401	14.3	17.1	15.8
297 Other G.I. Diagnoses		Px2	976	998	1,974	3,693	3,667	3,679	4.4	4.4	4.4
297	Other G.I. Diagnoses	Px1	816	838	1,654	2,969	3,057	3,014	3.7	3.9	3.8
297		Px2	66	71	137	7,050	7,067	7,059	8.9	8.9	8.9
297		Px3	65	63	128	8,624	7,106	7,877	10.1	8.2	9.2
297		Px4	40	38	78	16,303	14,739	15,541	13.8	13.4	13.6
310 PWS - Liver Transplant		Px2	61	58	119	77,476	55,588	66,808	30.8	23.0	27.0
310	PWS - Liver Transplant	Px1	12	8	20	37,835	29,637	34,556	14.1	10.8	12.8
310		Px2	4	4	8	41,801	29,073	35,437	17.0	11.0	14.0
310		Px3	5	7	12	53,126	34,610	42,325	20.4	14.6	17.0
310		Px4	40	39	79	95,979	67,397	81,869	38.4	28.2	33.4
311 Major Pancreatic Procedures		Px2	178	159	337	24,034	22,880	23,489	16.1	16.0	16.0
311	Major Pancreatic Procedures	Px1	93	77	170	17,256	15,607	16,509	11.2	11.7	11.4
311		Px2	30	29	59	18,812	21,196	19,984	16.2	14.5	15.4
311		Px3	16	23	39	32,543	27,442	29,535	24.4	22.1	23.1
311		Px4	43	38	81	55,190	49,971	52,742	33.1	35.7	34.3
312 Major Hepatobiliary Procedures		Px2	184	122	306	17,183	14,934	16,286	9.5	9.0	9.3
312	Major Hepatobiliary Procedures	Px1	135	86	221	13,996	13,014	13,614	8.0	7.8	8.0
312		Px2	18	15	33	17,442	15,474	16,547	11.9	8.3	10.3
312		Px3	15	8	23	21,968	17,358	20,364	14.5	13.1	14.0
312		Px4	26	15	41	55,924	37,439	49,161	26.1	21.4	24.4

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Phx Level	Costed Cases				Average LOS of Costed Cases			
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004
313 Common Duct Exploration		20	31	51	18,411	11,148	13,996	18.4	13.0	15.1
313	Phx1	7	19	26	10,430	8,684	9,154	12.1	9.1	9.9
313	Phx2	3	4	7	16,566	14,243	15,238	12.7	15.5	14.3
313	Phx3	8	3	11	23,987	11,026	20,430	24.0	15.0	21.5
313	Phx4	1	3	5	24,892	12,813	20,211	19.0	16.7	17.3
314 Other Hepatobiliary And Pancreatic Procedures		127	140	267	11,842	10,751	11,270	8.9	9.0	8.9
314	Phx1	86	95	181	8,414	8,618	8,521	6.9	7.7	7.3
314	Phx2	18	21	39	11,077	10,919	10,992	9.9	11.0	10.5
314	Phx3	15	12	27	26,009	14,487	20,888	17.7	12.6	15.4
314	Phx4	15	16	31	34,982	28,123	31,442	26.4	19.6	22.9
315 Cholecystectomy		187	225	412	9,673	8,666	9,123	7.5	7.6	7.5
315	Phx1	128	145	273	8,057	7,463	7,742	6.4	6.3	6.3
315	Phx2	33	49	82	10,995	9,275	9,967	8.7	8.5	8.6
315	Phx3	16	23	39	11,724	12,907	14,883	13.5	12.8	13.1
315	Phx4	13	12	25	25,320	27,235	26,759	18.8	23.8	21.2
317 Laparoscopic Cholecystectomy		912	912	1,824	4,149	4,018	4,083	2.9	2.9	2.9
317	Phx1	799	777	1,576	3,963	3,775	3,870	2.7	2.7	2.7
317	Phx2	129	143	272	6,209	5,921	6,057	5.5	5.5	5.5
317	Phx3	21	29	50	10,014	8,291	9,015	9.3	8.1	8.6
317	Phx4	12	17	29	11,957	13,578	12,907	11.4	12.4	12.0
320 Miscellaneous Hepatobiliary And Pancreatic Procedures		67	62	129	12,806	11,738	12,293	11.5	8.8	10.2
320	Phx1	40	42	82	8,981	6,616	7,769	8.9	6.0	7.4
320	Phx2	7	8	15	7,686	10,460	9,166	8.9	10.3	9.6
320	Phx3	7	3	10	11,096	23,911	14,940	12.4	17.3	13.9
320	Phx4	10	10	20	35,502	39,110	37,306	22.6	22.7	22.7
323 Cirrhosis And Alcoholic Hepatitis		207	255	462	8,172	7,913	8,029	9.7	9.0	9.3
323	Phx1	77	88	165	5,413	4,530	4,942	6.7	6.5	6.6
323	Phx2	64	70	134	6,060	5,309	5,667	8.3	7.6	7.9
323	Phx3	39	51	90	11,704	9,405	10,401	14.6	12.8	13.6
323	Phx4	33	51	84	24,153	19,024	21,039	21.8	15.4	17.9

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Px Level	Costed Cases			Average Cost	Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended		2004/2005	2003/2004	Blended
324	Pancreatic Cancer Or Other Malignancy Of Hepatobiliary System	360	387	747	7,854	7,864	7,859	10.7	10.4
324	Ptx1	180	184	364	6,775	5,954	6,360	9.4	8.3
324	Ptx2	101	96	197	7,586	7,355	7,473	10.9	10.3
324	Ptx3	49	59	108	10,103	10,558	10,352	12.5	12.9
324	Ptx4	30	47	77	12,612	13,098	12,909	15.3	15.7
325	Pancreas Diseases Except Malignancy	896	851	1,747	3,696	3,782	3,738	5.0	5.2
325	Ptx1	752	696	1,448	3,261	3,246	3,254	4.5	4.8
325	Ptx2	102	93	195	6,163	5,714	5,949	8.0	7.5
325	Ptx3	55	50	105	9,055	8,990	9,024	12.1	11.2
325	Ptx4	27	43	70	23,173	20,090	21,279	19.0	14.6
326	Liver Diseases Except Cirrhosis Or Cancer	396	380	776	8,598	8,272	8,438	8.2	7.8
326	Ptx1	201	193	394	4,813	4,293	4,558	5.7	5.3
326	Ptx2	83	75	158	7,793	6,322	7,095	9.7	7.6
326	Ptx3	46	41	87	8,244	10,481	9,298	10.3	11.8
326	Ptx4	62	74	136	23,531	25,700	24,711	13.3	15.0
329	Biliary Tract Diseases	509	514	1,023	3,751	3,450	3,600	4.3	4.3
329	Ptx1	403	376	779	3,191	2,689	2,949	3.7	3.6
329	Ptx2	41	48	89	5,666	5,449	5,549	7.0	6.9
329	Ptx3	41	72	113	6,042	5,169	5,486	6.9	5.5
329	Ptx4	31	21	52	12,377	14,651	13,295	11.1	13.3
350	Multiple Or Bilateral Joint Replacement	62	51	113	16,446	15,274	15,917	10.5	8.5
350	Ptx1	44	36	80	13,768	13,086	13,461	7.0	6.4
350	Ptx2		6	6	16,438	16,438			9.2
350	Ptx3	12	3	15	26,588	14,986	24,268	24.1	6.0
350	Ptx4	11	2	13	45,909	43,434	45,529	45.2	31.5
351	Joint Replacement For Trauma	519	605	1,124	15,325	15,283	15,302	14.1	14.1
351	Ptx1	338	380	718	13,071	11,883	12,443	11.9	10.7
351	Ptx2	79	87	166	19,599	19,582	19,590	19.7	21.3
351	Ptx3	45	60	105	18,956	19,469	19,250	17.1	18.7
351	Ptx4	56	87	143	25,267	30,986	28,747	22.2	27.0

Schedule 2 – Inpatient Yearly Comparisons

CMG Code Description	Px Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
352 Hip Replacement	Px1	1,548	1,520	3,068	10,359	10,272	10,316	6.1	6.2	6.2	6.1	6.2	6.1
352	Px2	1,395	1,336	2,731	9,975	9,944	9,960	5.7	5.9	5.9	5.8	5.8	5.8
352	Px3	63	105	168	13,259	13,144	13,187	9.4	9.5	9.5	9.5	9.5	9.5
352	Px4	49	50	99	14,597	14,143	14,367	10.2	8.8	8.8	9.5	9.5	9.5
354 Knee Replacement	Px1	23	26	49	24,005	17,504	20,556	15.2	13.6	13.6	14.3	14.3	14.3
354	Px2	1,749	1,691	3,440	9,087	8,875	8,983	5.6	5.7	5.7	5.7	5.7	5.7
354	Px3	1,650	1,580	3,230	8,951	8,792	8,873	5.5	5.6	5.6	5.6	5.6	5.6
354	Px4	66	85	151	11,695	10,626	11,093	8.0	7.6	7.6	7.8	7.8	7.8
354	Px5	48	40	88	12,826	12,566	12,708	9.9	9.9	9.9	9.9	9.9	9.9
354	Px6	16	15	31	19,364	18,301	18,850	15.3	14.1	14.1	14.7	14.7	14.7
Reattachment Procedures Or Lower Extremity Or Shoulder													
355 Amputations	Px1	50	56	106	14,064	9,429	11,615	12.4	8.5	8.5	10.4	10.4	10.4
355	Px2	23	39	62	8,926	6,388	7,330	7.4	6.2	6.2	6.6	6.6	6.6
355	Px3	13	10	23	14,083	14,759	14,377	15.6	16.9	16.9	16.2	16.2	16.2
355	Px4	10	7	17	18,737	15,373	17,352	18.9	15.9	15.9	17.6	17.6	17.6
355	Px5	5	8	13	50,194	79,168	68,024	32.2	58.4	58.4	48.3	48.3	48.3
356 Repair Hip And Femur Procedures	Px1	140	167	307	9,009	9,699	9,385	5.5	6.9	6.9	6.2	6.2	6.2
356	Px2	124	137	261	7,655	8,309	7,998	4.3	5.5	5.5	4.9	4.9	4.9
356	Px3	9	11	20	14,744	17,867	16,462	10.1	15.9	15.9	13.3	13.3	13.3
356	Px4	3	10	13	23,492	18,161	19,391	20.0	15.0	15.0	16.2	16.2	16.2
356	Px5	3	12	15	41,376	20,652	24,797	48.0	20.8	20.8	26.2	26.2	26.2
358 Lower Extremity Procedures With Infection	Px1	64	86	150	10,939	9,101	9,885	9.4	9.3	9.3	9.3	9.3	9.3
358	Px2	47	69	116	8,696	7,804	8,166	7.6	7.8	7.8	7.7	7.7	7.7
358	Px3	11	11	22	11,857	12,753	12,305	11.3	13.7	13.7	12.5	12.5	12.5
358	Px4	2	3	5	34,060	43,241	39,569	46.5	38.0	38.0	41.4	41.4	41.4
358	Px5	5	5	10	31,493	21,498	26,495	31.8	22.4	22.4	27.1	27.1	27.1
359 Upper Extremity Procedures With Infection	Px1	22	36	58	8,684	7,392	7,882	7.6	6.8	6.8	7.1	7.1	7.1
359	Px2	16	34	50	5,931	6,891	6,584	4.9	6.1	6.1	5.7	5.7	5.7
359	Px3	2	4	23,356	21,946	18,181	24.0	24.0	24.0	24.0	24.0	24.0	24.0
359	Px4	4	45,842	45,842	45,842	20.5	20.5	20.5	20.5	20.5	20.5	20.5	20.5

Schedule 2 – Inpatient Yearly Comparisons

CMI/C Code Description	Phx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
359		Px4	4	2	6	12,362	28,602	17,775	12.3	30.5
360	Upper Extremity Amputations And Revisions		38	48	86	13,557	12,970	13,229	12.3	12.5
360		Px1	26	31	57	6,848	9,009	8,024	5.5	8.7
360		Px2	5	4	9	26,223	16,847	22,043	21.6	20.0
360		Px3	4	6	10	47,263	15,413	28,153	39.3	12.2
360		Px4	3	9	12	59,477	32,728	39,415	43.3	30.8
361	Musculoskeletal Biopsy For Malignancy		28	31	59	15,386	20,122	17,874	16.6	15.9
361		Px1	22	22	44	12,584	16,520	14,552	12.6	12.8
361		Px2	3	2	5	25,766	9,695	19,338	31.7	8.5
361		Px3	1	1	5	5,095	38,440	30,377	3.0	41.0
361		Px4	1	6	7	46,172	33,750	35,525	40.0	25.7
362	Musculoskeletal Biopsy Without Malignancy		50	66	116	12,966	12,400	12,644	13.6	15.1
362		Px1	36	39	75	8,217	7,282	7,731	9.7	8.3
362		Px2	5	10	15	10,855	16,890	14,878	13.8	24.9
362		Px3	5	10	15	15,400	18,305	17,337	19.6	20.0
362		Px4	4	5	9	99,179	36,425	64,316	52.8	34.2
363	Back And Neck Procedures With Fusion		775	737	1,512	12,147	11,711	11,934	5.3	5.2
363		Px1	679	644	1,323	10,995	10,644	10,824	4.8	4.7
363		Px2	52	61	113	17,806	17,963	17,891	7.7	9.1
363		Px3	31	37	68	22,936	24,889	23,999	9.8	13.3
363		Px4	19	29	48	54,421	51,428	52,613	21.6	24.2
365	Back And Neck Procedures Without Fusion		840	984	1,824	5,182	4,767	4,958	2.8	2.7
365		Px1	784	913	1,697	4,822	4,429	4,611	2.5	2.4
365		Px2	28	36	64	8,828	9,703	9,320	6.1	6.1
365		Px3	12	9	21	11,782	11,385	11,612	8.6	10.1
365		Px4	1	8	9	18,866	22,270	21,892	18.0	13.4
367	Shoulder Arthroplasty		82	105	187	8,787	7,715	8,185	3.3	3.3
367		Px1	80	103	183	8,772	7,671	8,152	3.2	3.2
367		Px2	3	2	5	12,331	9,955	11,380	10.0	6.0
367		Px3	1	3	8,795	8,010	8,010	6.0	6.0	

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Costed Cases				Average Cost				Average LOS of Costed Cases				
		Pix Level	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
367		Pix4	18	24	42	6,921	6,005	6,397	3.9	4.3	4.1			
368	Major Hip And Knee Procedures	Pix1	17	24	41	6,384	6,005	6,162	3.6	4.3	4.0			
368		Pix2	1	3	16,047			10,826	9.0		9.0			
368		Pix3												
368		Pix4	1	1	24,494			24,494	25.0		25.0			
369	Major Lower Extremity Procedures	Pix1	324	277	601	5,897	5,988	5,939	3.0	3.1	3.0			
369		Pix2	6	13	19	9,436	11,640	10,944	6.5	7.2	6.9			
369		Pix3	4	1	5	12,157	7,659	11,257	10.0	6.0	9.2			
369		Pix4		1				45,768						
372	Major Upper Extremity Procedures	Pix1	178	137	315	5,058	4,814	4,952	2.1	1.9	2.0			
372		Pix2	4	1	5	12,822	17,038	13,665	5.5	12.0	6.8			
372		Pix3	2	5	8,240			9,945	5.0		5.0			
372		Pix4												
374	Minor Lower Extremity Procedures	Pix1	396	391	787	4,259	3,742	4,002	2.0	1.9	1.9			
374		Pix2	4	5	9	7,572	8,906	8,313	3.991	2.0	1.9	1.9		
374		Pix3	3	2	5	14,926	7,282	11,869	9.0	8.5	8.8			
374		Pix4	2	3	16,602			17,836	9.0		9.0			
375	Minor Upper Extremity Procedures	Pix1	247	250	497	2,984	2,918	2,951	1.0	1.0	1.0			
375		Pix2	3	3	6	7,419	7,355	7,387	6.3	6.0	6.2			
375		Pix3		2				4,889						
375		Pix4	1	2		138,352	81,846		89.0	89.0				
376	Miscellaneous Musculoskeletal Procedures	Pix1	156	131	287	7,967	6,822	7,445	3.0	2.7	2.9			
376		Pix2	5	4	9	22,191	23,468	22,758	7,317	2.9	2.7	2.8		
376		Pix3	1	2	5	20,613	30,365	23,369	8.0	12.5	11.0			

Schedule 2 – Inpatient Yearly Comparisons

CMG Code Description	Phx Level	Costed Cases			Average Cost			Average LOS of Costed Cases
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	
376	Phx4	2	4	6	28,689	60,542	49,924	9.0
377 Wound Debridement And Skin Graft For Musculoskeletal Disorders	Phx1	151	166	317	10,025	8,547	9,251	6.5
377	Phx2	124	136	260	7,286	6,351	6,797	4.6
377	Phx3	10	12	22	16,684	19,893	18,434	14.2
377	Phx4	8	11	19	22,451	15,962	18,694	13.5
377	Phx4	10	11	21	64,795	79,639	72,570	35.2
378 Soft Tissue Procedures (MNRH)	Phx1	65	66	131	6,138	5,633	5,883	3.9
378	Phx2	55	55	110	4,858	4,792	4,825	2.9
378	Phx3	6	4	10	12,167	8,481	10,693	7.7
378	Phx4	3	6	9	12,518	10,006	10,843	13.7
379 Other Musculoskeletal Procedures (MNRH)	Phx1	2	2	5	26,949	22,261	24,946	15.0
379	Phx2	400	503	903	5,844	4,399	5,039	2.4
379	Phx3	332	453	785	3,863	3,511	3,660	1.8
379	Phx4	9	11	20	9,826	17,081	13,816	5.2
379	Phx3	1	5	6	23,765	20,895	21,374	7.0
379	Phx4	8	11	19	50,265	31,580	39,447	39.4
380 Other Lower Extremity Procedures (MNRH)	Phx1	251	244	495	1,658	1,738	1,697	1.0
380	Phx2	251	244	495	1,658	1,738	1,697	1.0
380	Phx3	1	2	5	3,420	6,032	6,099	4.0
380	Phx4							5.5
381 Hand And Wrist Procedures (MNRH)	Phx1	70	68	138	2,857	2,592	2,726	1.0
381	Phx2	70	68	138	2,857	2,592	2,726	1.0
381	Phx3	1	1	3		9,411	6,768	4.0
381	Phx4	1	1	1	67,450		50,201	121.0
382 Arthroscopy (MNRH)	Phx1	7	10	17	4,084	2,832	3,352	2.6
382	Phx2	5	9	14	1,566	2,742	2,322	1.0
382	Phx3	1	1	2	3,643	7,747		1.0
382	Phx4	1	1	2	10,658	22,257	16,458	6.0

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
382		Ptx4	1	1	11,738		11,738	8.0		8.0
383	PWS_Joint Replacement For Malignancy		16	17	33	24,605	18,933	21,683	17.3	15.2
383	Ptx1	7	12	19	19,183	15,340	16,756	15.4	13.2	16.2
383	Ptx2	7	1	8	24,439	8,541	22,452	15.4	5.0	14.1
383	Ptx3	2	1	5	47,420	18,926	34,226	41.0	21.0	34.3
383	Ptx4	1	3	5	39,647	45,998	54,258	30.0	33.7	32.8
384	PWS_Back And Neck Procedures For Malignancy		13	24	37	27,117	25,016	25,754	16.9	17.7
384	Ptx1	7	14	21	14,973	16,955	16,294	8.7	11.1	10.3
384	Ptx2	2	2	5	54,995	20,716	32,525	35.5	10.0	22.8
384	Ptx3	2	3	5	14,656	35,863	27,380	14.0	22.0	18.8
384	Ptx4	3	2	5	114,691	37,098	83,654	60.7	28.5	47.8
385	PWS_Major Orthopaedic Oncology Procedures		12	15	27	15,823	20,727	18,547	6.9	11.7
385	Ptx1	9	10	19	11,934	11,477	11,693	5.1	8.5	6.9
385	Ptx2	1	1	5	4,590	10,073	10,405	2.0	9.0	5.5
385	Ptx3	1	2	3	30,662	37,978	35,539	23.0	18.0	19.7
385	Ptx4	1	2	5	47,222	55,052	62,037	12.0	22.5	19.0
386	Other Orthopaedic Oncology Procedures		44	45	89	12,902	10,902	11,891	8.1	6.2
386	Ptx1	36	37	73	12,096	9,229	10,643	7.1	5.5	6.3
386	Ptx2	4	4	8	7,295	14,032	10,563	6.3	6.3	6.3
386	Ptx3	2	4	6	36,161	31,753	33,222	31.0	21.0	24.3
386	Ptx4	1	5	6	23,293	40,136	37,329	14.0	31.6	28.7
391	Secondary Neoplasms And Pathological Fractures		333	343	676	10,467	10,599	10,534	15.3	14.4
391	Ptx1	201	199	400	8,139	8,184	8,161	12.7	12.2	12.4
391	Ptx2	71	83	154	12,506	11,203	11,804	17.9	14.7	16.2
391	Ptx3	42	25	67	16,156	12,779	14,896	22.1	18.6	20.8
391	Ptx4	25	38	63	27,872	24,363	25,756	33.4	27.9	30.1
392	Osteomyelitis		63	56	119	10,683	9,313	10,038	12.9	11.2
392	Ptx1	35	41	76	6,484	7,239	6,891	7.1	8.0	7.6
392	Ptx2	9	2	11	18,010	23,710	19,046	25.2	31.0	26.3
392	Ptx3	12	9	21	10,775	13,440	11,917	15.2	19.6	17.0

Schedule 2 – Inpatient Yearly Comparisons

CMG Code Description	Ph Level	Costed Cases			Average Cost			Average LOS of Costed Cases
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	
392	Px4	4	5	9	21,476	30,089	26,261	27.5
393 Rheumatoid Arthritis		73	71	144	7,795	7,570	7,684	8.1
393	Px1	51	44	95	5,174	4,293	4,766	6.5
393	Px2	9	7	16	6,499	6,633	6,558	7.6
393	Px3	4	9	13	5,532	9,215	8,082	8.8
393	Px4	7	10	17	24,328	26,017	25,322	14.7
394 Septic Arthritis		40	44	84	6,056	5,955	6,003	6.6
394	Px1	33	27	60	5,303	4,021	4,726	5.8
394	Px2	1	5	6	22,230	8,655	10,918	21.0
394	Px3	5	8	13	8,815	6,045	7,111	10.0
394	Px4	3	2	5	19,060	28,723	22,925	32.0
397 Non-Inflammatory Arthritis		51	47	98	5,400	5,550	5,472	8.2
397	Px1	43	39	82	4,734	5,157	4,935	7.0
397	Px2	4	6	10	9,255	12,495	11,199	19.8
397	Px3	5	3	8	13,546	5,137	10,393	22.8
397	Px4	2	1	4	24,622	24,410	24,356	33.0
398 Other Inflammatory Arthritis		267	291	558	5,264	4,879	5,063	6.5
398	Px1	191	204	395	4,234	3,880	4,051	5.4
398	Px2	40	36	76	6,715	5,484	6,132	10.0
398	Px3	32	37	69	13,074	9,603	11,213	14.9
398	Px4	17	26	43	24,083	18,304	20,589	22.4
399 Orthopaedic Aftercare		165	197	362	6,423	5,283	5,803	8.6
399	Px1	116	142	258	4,594	3,643	4,071	6.2
399	Px2	22	28	50	14,218	9,190	11,402	21.2
399	Px3	25	21	46	11,987	10,546	11,329	19.2
399	Px4	11	8	19	13,313	19,924	16,097	20.6
401 Other Musculoskeletal Malignancies		22	32	54	10,677	7,608	8,858	9.6
401	Px1	16	16	32	5,724	5,134	5,429	6.9
401	Px2	3	11	14	15,247	8,829	10,204	17.7
401	Px3	1	4	5	6,794	16,473	14,537	7.0

Schedule 2 -- Inpatient Yearly Comparisons

CMG	Code	Description	Costed Cases				Average Cost				Average LOS of Costed Cases				
			Ptx Level	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
401			Ptx4	2	1	5	45,383	6,563	26,524	21.0	9.0	17.0			
402	Disc Disease			200	223	423	5,188	5,143	5,164	8.1	7.8	7.9			
402			Ptx1	175	188	363	4,724	4,297	4,503	7.4	6.6	7.0			
402			Ptx2	20	26	46	14,062	12,050	12,925	26.1	21.2	23.3			
402			Ptx3	13	10	23	15,327	16,053	15,642	23.7	20.2	22.2			
402			Ptx4	12	7	19	23,842	21,447	22,980	36.0	33.3	35.0			
404	Other Musculoskeletal Infections				1	4				1,152	6,982	1.0	1.0		
404			Ptx1		1	4				1,152	6,982	1.0	1.0		
404			Ptx2												
404			Ptx3												
404			Ptx4												
407	Other Musculoskeletal Disorders			55	53	108	5,612	5,376	5,496	5.7	5.0	5.3			
407			Ptx1	43	40	83	3,699	3,787	3,741	4.1	3.8	3.9			
407			Ptx2	5	6	11	5,728	12,320	9,324	8.6	11.8	10.4			
407			Ptx3	1	6	7	6,217	9,332	8,887	5.0	9.2	8.6			
407			Ptx4	10	2	12	34,642	14,014	31,204	39.2	9.5	34.3			
409	Back Pain (MNRH)			220	184	404	3,749	3,718	3,735	5.4	5.5	5.4			
409			Ptx1	189	154	343	3,114	3,003	3,064	4.5	4.4	4.4			
409			Ptx2	14	20	34	7,222	9,675	8,665	11.6	15.6	13.9			
409			Ptx3	13	9	22	11,104	9,282	10,359	17.5	10.8	14.7			
409			Ptx4	7	5	12	13,099	10,198	11,890	15.9	15.6	15.8			
411	Signs, Symptoms And Deformities (MNRH)			133	145	278	4,252	3,680	3,954	5.6	5.1	5.4			
411			Ptx1	114	130	244	3,925	3,517	3,708	5.2	5.0	5.1			
411			Ptx2	16	12	28	7,158	7,277	7,209	11.7	10.8	11.3			
411			Ptx3	7	8	15	9,765	8,562	9,123	12.4	14.3	13.4			
411			Ptx4	1	1	4	14,220	6,932	23,958	11.0	14.0	12.5			
413	Joint Derangements (MNRH)			37	49	86	4,240	3,778	3,977	5.7	4.9	5.2			
413			Ptx1	26	42	68	3,336	3,180	3,240	3.4	3.8	3.6			
413			Ptx2	6	3	9	5,398	4,960	5,252	9.7	8.0	9.1			
413			Ptx3	2	2	5	5,296	16,156	10,298	7.5	18.5	13.0			

Schedule 2 – Inpatient Yearly Comparisons

CMG Code Description	Pix Level	Costed Cases			Average Cost			Average LOS On Costed Cases
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	
413	Pix4	1	2		3,644	10,623		7.0
414 Sprains Strains And Minor Injuries (MNRH)	Pix1	37	45	82	3,153	3,257	3,210	4.3
414	Pix1	35	41	76	2,611	2,934	2,785	3.9
414	Pix2		3	4		9,074	8,744	14.7
414	Pix3		2	3		20,646	15,249	30.0
414	Pix4	1	1	2	12,241	7,763	10,002	6.0
Skin Graft And Wound Debridement For Dermatologic Dis Except Ulcer Or Cellulitis								
425	Pix1	478	649	1,127	4,209	3,597	3,856	1.4
425	Pix1	467	642	1,109	4,150	3,582	3,821	1.4
425	Pix2	22	22	44	12,390	14,699	12,044	6.0
425	Pix3	2	8	10	6,728	20,409	17,673	4.5
425	Pix4	4	14	18	23,951	34,126	31,865	19.8
427 Skin Graft And Wound Debridement For Skin Ulcer Or Cellulitis	Pix1	39	47	86	32,232	18,236	24,583	33.8
427	Pix1	22	36	58	12,625	10,513	11,314	14.1
427	Pix2	4	3	7	56,661	55,678	56,240	59.8
427	Pix3	1	3	5	52,121	29,649	36,088	50.0
427	Pix4	11	6	17	58,042	59,479	58,549	57.2
Breast Procedures Except Biopsy And Local Excision Without Malignancy								
428	Pix1	94	175	269	3,790	3,963	3,903	1.3
428	Pix1	93	169	262	3,786	3,852	3,829	1.3
428	Pix2	1	6	7	4,099	9,223	8,491	1.0
428	Pix3	1		2	25,571		14,780	13.0
428	Pix4		1	1		7,429	7,429	4.0
429 Total Mastectomy For Breast Malignancy	Pix1	735	640	1,375	4,203	3,464	3,859	1.6
429	Pix1	726	629	1,355	4,187	3,434	3,837	1.6
429	Pix2	11	15	26	7,657	6,924	7,234	4.9
429	Pix3	5	5	10	9,564	7,733	8,674	5.8
429	Pix4		1	1		22,453	22,453	16.0
432 Subtotal Mastectomy And Other Breast Procedures For Malignancy	Pix1	595	595	1,190	3,609	3,055	3,332	1.2
432	Pix1	591	589	1,180	3,596	3,044	3,321	1.2

Schedule 2 – Inpatient Yearly Comparisons

CMIG Code Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
432	Pix2	4	7	11	5,481	6,315	6,012	2.3	3.9	3.3
432	Pix3	3	1	5	13,979	6,107	13,780	14.7	4.0	12.0
432	Pix4			2			7,271			
434 <i>Breast Biopsy And Local Excision Without Malignancy</i>	Pix1	29	43	73	2,643	2,385	2,491	1.0	1.0	1.0
434	Pix2	1	1	3	2,543	4,364	4,391	1.0	3.0	2.0
434	Pix3	1		1	4,155		4,155	2.0		2.0
434	Pix4			1	575,926	575,926		361.0	361.0	
435 <i>Perianal And Pilonidal Cyst Procedures</i>	Pix1	26	41	67	3,324	2,066	2,554	2.9	1.6	2.1
435	Pix2	25	38	63	3,331	4,905	2,471	2.9	1.5	2.1
435	Pix3			5	3,150	4,110	5,681	2.0	3.0	2.8
435	Pix4	3	1	5	75,853	10,253	51,942	93.3	11.0	72.8
436 <i>Plastic Surgery</i>	Pix1	27	29	56	3,556	3,895	3,732	1.4	1.7	1.6
436	Pix2	1		1	25,794		3,895	3,732	1.4	1.7
436	Pix3			1			25,794	31.0		31.0
436	Pix4			1			14,989			
437 <i>Other Dermatological Procedures Without Malignancy Or Skin Ulcer</i>	Pix1	143	142	285	4,612	4,203	4,408	3.9	3.3	3.6
437	Pix2	123	126	249	3,858	3,756	3,806	3.1	2.8	2.9
437	Pix3	6	5	11	20,685	7,178	14,545	16.5	6.2	11.8
437	Pix4	4	6	10	38,738	29,901	33,436	32.5	21.7	26.0
438 <i>Cellulitis</i>	Pix1	113	120	233	10,691	8,951	9,795	10.5	7.9	9.1
438	Pix2	84	82	166	6,643	4,516	5,592	5.4	3.5	4.5
438	Pix3	10	14	24	18,698	13,551	15,696	23.3	18.5	20.5
438	Pix4	6	12	18	21,816	15,267	17,450	22.3	18.1	19.5
438		11	20	31	40,155	51,278	47,331	41.2	42.9	42.3

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases			
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	
439 Skin Ulcer		54	45	99	15,082	14,132	14,651	18.6	19.9	19.9	19.2	
439		Plx1	28	25	53	10,898	10,815	10,859	14.2	16.0	16.0	15.0
439		Plx2	6	4	10	12,339	13,828	12,935	13.5	26.3	26.3	18.6
439		Plx3	15	6	21	15,385	12,817	14,652	21.3	17.2	17.2	20.1
439		Plx4	5	11	16	40,898	31,100	34,162	41.0	36.7	36.7	38.1
440 Major Skin Disorders		53	46	99	4,844	4,590	4,726	5.3	5.2	5.2	5.3	
440		Plx1	45	38	83	4,098	3,929	4,021	4.9	4.5	4.5	4.7
440		Plx2	4	6	10	7,047	6,478	6,706	7.3	7.8	7.8	7.6
440		Plx3	5	3	8	13,695	12,988	13,430	13.0	16.7	16.7	14.4
440		Plx4	1		5	116,522		47,853	37.0			37.0
443 Malignant Breast Disorders		26	37	63	8,448	7,726	8,024	10.7	11.0	11.0	10.9	
443		Plx1	11	15	26	5,472	5,951	5,748	6.6	7.1	7.1	6.9
443		Plx2	9	10	19	8,598	8,772	8,690	13.0	13.3	13.3	13.2
443		Plx3	1	7	8	6,007	9,985	9,488	7.0	15.4	15.4	14.4
443		Plx4	5	5	10	15,212	7,793	11,502	16.4	12.0	12.0	14.2
446 Non-Malignant Breast Disorders		15	15	30	2,025	1,670	1,848	2.1	1.3	1.3	1.7	
446		Plx1	15	15	30	2,025	1,670	1,848	2.1	1.3	1.3	1.7
446		Plx2										
446		Plx3										
446		Plx4										
447 Cellulitis		708	588	1,296	4,608	4,375	4,503	6.5	6.1	6.1	6.3	
447		Plx1	540	425	965	3,856	3,668	3,774	5.4	5.2	5.2	5.3
447		Plx2	92	87	179	6,736	5,392	6,180	10.0	8.6	8.6	9.3
447		Plx3	60	54	114	8,019	6,941	7,508	11.1	9.3	9.3	10.2
447		Plx4	25	45	70	15,743	16,222	16,051	21.8	22.5	22.5	22.2
452 Trauma Of Skin, Subcutaneous Tissue And Breast		76	78	154	3,362	2,550	2,951	4.2	3.1	3.1	3.7	
452		Plx1	60	65	125	2,829	2,379	2,595	3.4	2.7	2.7	3.0
452		Plx2	7	9	16	5,892	4,245	4,965	8.4	6.8	6.8	7.5
452		Plx3	5	6	11	4,586	4,343	4,454	4.8	7.0	7.0	6.0
452		Plx4	1		2	3,133		8,750	4.0			4.0

Schedule 2 -- Inpatient Yearly Comparisons

CMG	Cnic Description	Costed Cases				Average Cost				Average LOS of Costed Cases	
		Pix Level	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	
454	Minor Skin Disorders		146	116	262	3,717	3,064	3,428	3.6	3.5	3.5
454		Pix1	129	102	231	3,200	2,787	3,017	3.3	3.1	3.2
454		Pix2	9	11	20	9,277	5,324	7,103	10.1	8.4	9.2
454		Pix3	7	5	12	20,146	17,634	19,100	15.1	25.8	19.6
454		Pix4	6	6	12	15,507	20,547	18,027	11.7	25.3	18.5
476	PWS Adrenal And Pituitary Procedures		88	116	204	10,776	9,967	10,316	5.1	4.8	4.9
476		Pix1	68	93	161	8,678	8,397	8,516	3.8	3.7	3.7
476		Pix2	10	11	21	24,682	15,860	20,061	14.5	8.7	11.5
476		Pix3	5	5	10	21,631	20,880	21,256	13.2	9.2	11.2
476		Pix4	6	2	8	27,647	43,299	31,560	16.8	18.0	17.1
477	Parathyroid Procedures		135	135	270	4,329	4,361	4,345	1.8	2.0	1.9
477		Pix1	125	120	245	4,157	3,967	4,064	1.7	1.7	1.7
477		Pix2	5	4	9	7,736	9,132	8,557	3.2	5.3	4.1
477		Pix3	5	4	9	7,137	5,487	6,404	5.0	3.3	4.2
477		Pix4	2	5	48,317		43,505		61.0		61.0
478	Obesity Procedures		106	93	199	6,897	5,820	6,394	3.9	4.3	4.1
478		Pix1	101	86	187	6,622	5,677	6,187	3.8	4.1	4.0
478		Pix2	2	6	8	7,949	8,064	8,035	4.0	6.2	5.6
478		Pix3	2	2	5	11,743	7,816	10,700	7.5	7.5	7.5
478		Pix4	2	1	4	28,247	65,876	34,549	11.5	26.0	16.3
479	Thyroid Procedures		703	743	1,446	4,350	3,745	4,039	1.5	1.5	1.5
479		Pix1	693	730	1,423	4,321	3,705	4,005	1.5	1.5	1.5
479		Pix2	3	9	12	7,073	6,184	6,407	3.0	3.0	3.0
479		Pix3	13	6	19	8,585	9,583	8,900	4.8	5.3	5.0
479		Pix4	5	4	9	27,064	19,870	23,866	14.2	13.5	13.9
480	Thyroglossal Procedures		6	10	16	2,484	2,727	2,636	1.0	1.3	1.2
480		Pix1	6	10	16	2,484	2,727	2,636	1.0	1.3	1.2
480		Pix2									
480		Pix3									
480		Pix4									

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Costed Cases				Average Cost			Average LOS of Costed Cases		
		Pix Level	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
482	Other Endocrine, Nutrition And Metabolic Procedures		89	97	186	26,589	31,826	29,320	8.9	10.3	9.6
482		Px1	57	53	110	25,666	34,006	29,684	4.6	6.2	5.4
482		Px2	6	15	21	24,218	26,660	25,962	11.7	10.3	10.7
482		Px3	12	10	22	23,312	28,107	25,492	15.9	17.0	16.4
482		Px4	15	27	42	43,850	60,336	54,448	27.3	34.6	32.0
483	Diabetes		955	923	1,878	4,221	3,873	4,050	4.9	4.9	4.9
483		Px1	690	679	1,369	3,036	3,054	3,045	3.6	3.9	3.8
483		Px2	126	89	215	6,942	5,766	6,455	9.6	8.4	9.1
483		Px3	89	108	197	6,835	5,802	6,269	8.2	7.3	7.7
483		Px4	78	58	136	16,928	17,305	17,089	16.4	15.1	15.9
485	Nutritional And Miscellaneous Metabolic Disorders		934	905	1,839	4,802	4,521	4,664	5.6	5.5	5.6
485		Px1	600	580	1,180	3,624	3,288	3,459	4.3	4.1	4.2
485		Px2	180	162	342	6,659	6,066	6,378	8.4	7.7	8.1
485		Px3	114	105	219	7,684	7,520	7,605	8.6	8.9	8.7
485		Px4	51	69	120	11,808	13,682	12,885	13.8	15.1	14.5
487	Cystic Fibrosis		82	98	180	14,272	12,561	13,340	12.5	11.1	11.7
487		Px1	48	65	113	15,374	12,483	13,711	12.2	11.1	11.6
487		Px2	11	8	19	13,354	8,933	11,493	13.7	8.1	11.4
487		Px3	18	17	35	12,175	11,498	11,846	12.2	10.9	11.5
487		Px4	8	9	17	25,638	28,344	27,071	22.6	16.2	19.2
488	Inborn Errors Of Metabolism		37	42	79	16,513	10,685	13,415	6.4	5.3	5.8
488		Px1	28	37	65	17,437	11,448	14,028	5.6	5.2	5.4
488		Px2	4	4	8	3,743	5,030	4,386	5.3	5.8	5.5
488		Px3	5	5	21,554			21,554	11.2		11.2
488		Px4	2	2	5	77,961	34,848	46,564	46.5	44.0	45.3
489	Endocrine Disorders		132	172	304	4,610	5,388	5,050	5.7	6.4	6.1
489		Px1	105	128	233	3,787	3,714	3,747	4.7	4.5	4.6
489		Px2	19	22	41	9,151	10,181	9,704	13.5	14.0	13.8
489		Px3	9	12	21	11,544	8,099	9,576	14.3	10.7	12.2
489		Px4	5	7	12	38,076	21,902	28,641	19.8	16.1	17.7

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
500 PWS - Kidney Transplant		123	126	249	23,610	24,563	22,585	10.7	10.1	10.4
500	Pix1	65	66	131	16,465	16,595	16,530	7.9	8.0	8.0
500	Pix2	11	13	24	18,122	18,657	18,412	9.3	9.8	9.5
500	Pix3	21	26	47	30,602	24,918	27,457	13.9	11.9	12.8
500	Pix4	25	23	48	47,034	42,434	44,830	20.2	19.5	19.8
501 Urinary Diversion And Augmentation		101	111	212	16,784	14,357	15,513	11.4	11.2	11.3
501	Pix1	69	72	141	14,422	11,718	13,041	9.5	9.3	9.4
501	Pix2	11	12	23	20,844	14,124	17,338	14.3	10.8	12.4
501	Pix3	7	16	23	20,594	28,487	22,606	16.4	18.6	18.0
501	Pix4	18	16	34	32,383	30,752	31,630	23.8	22.4	23.2
502 Radical Prostatectomy		625	645	1,270	7,501	6,098	6,788	3.5	3.9	3.7
502	Pix1	607	597	1,204	7,454	5,969	6,717	3.5	3.8	3.6
502	Pix2	11	38	49	9,051	7,520	7,864	5.0	4.6	4.7
502	Pix3	7	9	16	10,001	8,499	9,156	6.9	6.4	6.6
502	Pix4	2	4	6	12,445	10,569	11,194	9.0	9.8	9.5
503 Dialysis Procedures		142	140	282	10,309	7,323	8,826	7.0	6.1	6.6
503	Pix1	74	79	153	2,984	2,286	2,624	1.1	1.2	1.2
503	Pix2	22	22	44	11,686	4,523	8,104	7.1	3.5	5.3
503	Pix3	9	13	22	25,261	25,874	25,623	19.2	24.0	22.0
503	Pix4	15	19	34	56,495	96,123	78,640	44.0	68.4	57.6
504 Major Urinary Tract Procedures		608	562	1,170	8,479	7,535	8,025	4.8	4.7	4.7
504	Pix1	541	489	1,030	8,003	7,113	7,581	4.4	4.3	4.4
504	Pix2	33	47	80	12,380	10,119	11,052	7.7	6.9	7.2
504	Pix3	23	16	39	11,854	13,271	12,435	7.8	9.9	8.7
504	Pix4	22	18	40	45,235	29,124	37,985	24.3	18.0	21.5
505 Reconstructive Urological Procedures		45	47	92	5,248	4,700	4,968	3.7	3.7	3.7
505	Pix1	41	43	84	4,838	4,380	4,604	3.4	3.4	3.4
505	Pix2	5	5	10	12,654	12,101	12,377	8.4	9.0	8.7
505	Pix3	2						3,836		
505	Pix4	3	3	60,932	60,932	60,932	33.7	33.7	33.7	

Schedule 2 – Inpatient Yearly Comparisons

CMG Code Description	Plx Level	Costed Cases				Average Cost				Average LOS of Costed Cases Blended
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	
506 Open Prostatectomy		8	20	28	7,868	5,215	5,973	6.0	4.4	4.8
506	Ptx1	6	17	23	6,981	4,487	5,111	5.0	3.6	4.0
506	Ptx2	1	2	5	11,813	8,291	7,939	8.0	7.0	7.3
506	Ptx3	1	1	2	9,848	11,439	10,643	10.0	11.0	10.5
506	Ptx4	1		2	22,087		17,902	21.0		21.0
507 Vascular And Other Urinary Procedures		21	21	42	22,437	13,762	18,099	10.9	10.5	10.7
507	Ptx1	10	12	22	10,983	7,210	8,925	5.6	4.3	4.9
507	Ptx2	1	1	5	13,520	23,783	17,025	12.0	22.0	17.0
507	Ptx3	1	2	5	7,589	14,909	13,003	5.0	14.5	11.3
507	Ptx4	10	6	16	49,755	35,667	44,472	22.5	33.5	26.6
508 Minor Upper Urinary Tract Procedures		198	224	422	7,052	5,981	6,483	3.7	3.6	3.7
508	Ptx1	174	199	373	6,301	5,542	5,896	3.0	3.0	3.0
508	Ptx2	3	11	14	8,061	8,183	8,157	5.7	6.5	6.3
508	Ptx3	13	12	25	12,806	14,006	13,382	10.4	11.6	11.0
508	Ptx4	8	6	14	37,023	28,515	33,377	21.1	28.8	24.4
509 Minor Lower Urinary Tract Procedures		97	85	182	5,650	4,579	5,150	2.9	2.6	2.8
509	Ptx1	96	81	177	5,643	4,563	5,149	2.9	2.6	2.7
509	Ptx2	2	4	6	8,066	13,896	11,932	8.5	12.5	11.2
509	Ptx3	2	1	4	37,936	5,888	22,196	22.5	3.0	16.0
509	Ptx4	3	4		19,413	16,455		25.0		25.0
510 Transurethral Prostatectomy		667	987	1,654	3,362	2,824	3,041	2.2	1.9	2.0
510	Ptx1	638	955	1,553	3,267	2,764	2,985	2.1	1.9	2.0
510	Ptx2	26	31	57	7,609	5,172	6,284	6.8	4.9	5.8
510	Ptx3	14	10	24	6,193	8,446	7,132	7.0	9.4	8.0
510	Ptx4	7	4	11	16,997	8,892	14,050	13.3	10.3	12.2
512 Other Transurethral Or Biopsy Procedures (MNRH)		1,086	1,169	2,255	2,130	2,075	2,101	1.4	1.5	1.4
512	Ptx1	1,073	1,157	2,230	2,117	2,052	2,083	1.4	1.4	1.4
512	Ptx2	15	21	36	6,490	5,704	6,032	6.4	5.6	5.9
512	Ptx3	9	9	18	4,521	8,604	6,562	4.4	10.4	7.4
512	Ptx4	9	8	17	26,431	23,233	24,926	20.1	23.5	21.7

Schedule 2 -- Inpatient Yearly Comparisons

CMG	Code Description	Px Level	Costed Cases				Average Cost				Average LOS of Costed Cases
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	
514	Miscellaneous Urinary Tract Procedures (MNTRH)	Px1	14	9	23	2,151	1,619	1,943	1.5	1.1	1.3
514		Px2	14	9	23	2,151	1,619	1,943	1.5	1.1	1.3
514		Px3									
514		Px4									
520	Renal Failure With Dialysis	Px1	44	51	95	12,479	12,309	12,388	12.5	12.0	12.3
520		Px2	24	33	57	13,762	13,142	13,403	13.4	12.5	12.8
520		Px3	30	21	51	22,235	14,102	18,886	20.3	12.9	17.3
520		Px4	35	28	63	36,122	28,628	32,791	23.1	24.3	23.6
521	Renal Failure Without Dialysis	Px1	567	533	1,100	7,089	6,972	7,032	8.4	8.6	8.5
521		Px2	340	283	623	4,928	4,845	4,890	6.2	6.2	6.2
521		Px3	110	105	215	6,986	7,353	7,165	8.5	9.9	9.2
521		Px4	68	85	153	10,139	9,572	9,824	12.2	12.9	12.6
522	Urinary Neoplasm	Px1	51	71	122	21,876	16,786	18,914	22.9	18.0	20.0
522		Px2	71	73	144	6,056	5,289	5,667	7.3	6.8	7.1
522		Px3	19	21	40	10,548	12,764	11,711	12.7	16.5	14.7
522		Px4	17	23	40	18,500	19,163	18,881	21.6	24.2	23.1
524	Nephrotic Syndrome	Px1	33	33	66	4,368	3,813	4,090	4.3	4.6	4.5
524		Px2	26	25	51	3,723	3,695	3,709	3.2	4.0	3.6
524		Px3	6	4	10	7,142	3,472	5,674	8.8	5.3	7.4
524		Px4	1	1	5	11,234	21,258	21,523	21.0	24.0	22.5
525	Nephropathy Without Nephrotic Syndrome	Px1	50	42	92	5,584	5,259	5,435	5.4	5.4	5.4
525		Px2	30	24	54	3,614	3,470	3,550	3.0	3.3	3.1
525		Px3	11	10	21	9,503	9,618	9,558	9.7	10.0	9.9
525		Px4	4	2	6	8,386	16,555	11,112	9.3	16.0	11.5

Schedule 2 – Inpatient Yearly Comparisons

CMG	Code	Description	Costed Cases			Average Cost			Average LOS of Costed Cases	Blended
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended		
526	Miscellaneous Nephrological Diagnosis		14	13	27	4,162	3,930	4,050	4.8	4.5
526		Ptx1	13	8	21	3,790	3,561	3,703	3.8	3.6
526		Ptx2	1	1	5	13,478	1,742	8,886	24.0	2.0
526		Ptx3		4	4		5,215	5,215		6.8
526		Ptx4	1	1	2	8,992	74,043	41,517	17.0	40.0
527	Upper Urinary Tract Infection		431	410	841	3,835	3,470	3,657	4.3	4.1
527		Ptx1	376	365	741	3,643	3,304	3,476	4.1	3.9
527		Ptx2	26	20	46	6,325	5,856	6,121	7.6	6.8
527		Ptx3	30	25	55	5,145	5,374	5,249	6.6	7.0
527		Ptx4	15	10	25	15,786	10,560	13,636	13.1	9.6
529	Lower Urinary Tract Infection		989	774	1,763	5,024	4,676	4,871	6.4	6.1
529		Ptx1	664	535	1,199	3,880	3,670	3,786	5.0	4.9
529		Ptx2	143	106	249	6,110	6,941	6,464	8.5	9.5
529		Ptx3	99	82	181	5,882	6,586	6,201	8.1	8.7
529		Ptx4	72	59	131	16,003	13,185	14,734	16.1	15.0
532	Urinary Retention And Other Functional Disorders Of Bladder		95	77	172	3,439	3,153	3,311	3.9	3.3
532		Ptx1	83	70	153	3,177	2,820	3,014	3.2	2.9
532		Ptx2	7	5	12	4,617	5,939	5,167	8.1	5.6
532		Ptx3	6	1	7	9,802	12,145	10,137	12.2	19.0
532		Ptx4	1	2	4	27,149	7,851	11,638	37.0	11.5
534	Miscellaneous Urological Diagnoses (MNRH)		132	158	290	2,754	3,118	2,952	2.9	3.5
534		Ptx1	116	135	251	2,474	2,623	2,554	2.6	2.8
534		Ptx2	10	11	21	4,763	5,490	5,144	4.7	6.0
534		Ptx3	5	8	13	8,008	7,976	7,988	5.0	8.1
534		Ptx4		5	5		23,346	23,346		25.8
535	Hematuria (MNRH)		118	109	227	2,992	2,683	2,844	3.6	3.4
535		Ptx1	101	99	200	2,522	2,498	2,510	3.1	3.3
535		Ptx2	11	5	16	6,510	3,028	5,422	8.2	4.0
535		Ptx3	7	3	10	6,788	5,765	6,481	9.0	5.3
535		Ptx4	5	3	8	14,113	13,025	13,705	19.0	20.0

Schedule 2 – Inpatient Yearly Comparisons

CMG	Code	Description	Costed Cases				Average Cost				Average LOS of Costed Cases				
			Pix Level	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
536	Urinary Obstruction (MNRH)			719	699	1,418	2,058	1,900	1,980	1.9	1.8	1.8	1.8	1.8	1.8
536		Pix1	685	674	1,359	1,976	1,869	1,923	1.8	1.8	1.8	1.8	1.8	1.8	1.8
536		Pix2	15	16	31	3,687	3,839	3,766	3.8	3.8	5.0	5.0	4.4		
536		Pix3	23	15	38	5,054	4,590	4,871	4.6	5.5	5.0	5.0			
536		Pix4	4	6	10	17,476	12,296	14,368	23.0	16.7	19.2				
538	Admission For Dialysis (MNRH)			1	2	4	4,824	6,519	4,960	4.0	4.5	4.3			
538		Pix1	1		2	4,824			3,401	4.0		4.0			
538		Pix2		1	1		8,771	8,771			7.0	7.0			
538		Pix3		1	1		4,266	4,266			2.0	2.0			
538		Pix4													
550	Major Pelvic And Retropertitoneum Procedures			3	2	5	12,173	27,285	18,218	5.3	10.5	7.4			
550		Pix1	3	1	4	12,173	12,072	12,148	5.3	6.0	5.5				
550		Pix2	1		1	43,665		43,665	28.0		28.0				
550		Pix3													
550		Pix4		1	1		42,499	42,499			15.0	15.0			
551	Penis Procedures			75	84	159	3,430	3,579	3,508	1.3	1.4	1.4			
551		Pix1	74	84	158	3,422	3,579	3,505	1.3	1.4	1.3				
551		Pix2	1	2	4	3,974	7,247	6,031	2.0	8.0	6.0				
551		Pix3													
551		Pix4		1	5		120,770	75,207			64.0	64.0			
552	Testes Procedures			115	112	227	2,828	2,433	2,633	1.3	1.4	1.4			
552		Pix1	113	111	224	2,814	2,435	2,627	1.3	1.4	1.4	1.4			
552		Pix2	1	1	5	2,754	2,133	7,029	2.0	1.0	1.5				
552		Pix3	2		4	22,332		21,915	18.5		18.5				
552		Pix4	5	3	8	74,709	48,789	64,989	26.6	35.0	29.8				
554	Miscellaneous Male Reproductive System Procedures (MNRH)			71	75	146	2,138	1,707	1,917	1.0	1.0	1.0	1.0		
554		Pix1	70	75	145	2,091	1,707	1,892	1.0	1.0	1.0	1.0			
554		Pix2	1	2			6,540	10,220			8.0	8.0			
554		Pix3	1	1			3,465	3,465			2.0	2.0			

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Plx	Costed Cases				Average Cost	Average LOS of Costed Cases
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
554		Plx4	4	1	5	29,667	109,270	45,588
555	Circumcision (MNRH)		8	8	16	2,243	1,857	2,050
555		Plx1	8	8	16	2,243	1,857	2,050
555		Plx2		1	1		4,547	4,547
555		Plx3					3.0	3.0
555		Plx4						
560	Malignancy Of Male Reproductive Organ		5	1	6	9,842	22,777	11,998
560		Plx1	3		4	5,972		7,379
560		Plx2			1			8,453
560		Plx3	1		2	9,873		9,233
560		Plx4		1	1		22,777	22,777
561	Male Reproductive System Inflammation		41	43	84	3,344	2,400	2,861
561		Plx1	37	41	78	3,274	2,334	2,780
561		Plx2	3	2	5	2,870	3,747	3,221
561		Plx3	1		2	7,390		4,871
561		Plx4			1			6,984
562	Other Male Reproductive System Diagnoses		9	8	17	2,377	2,246	2,315
562		Plx1	9	7	16	2,377	1,999	2,212
562		Plx2		1	2		3,973	2,912
562		Plx3						
562		Plx4		1	2		14,310	15,026
563	Miscellaneous Male Reproductive System Diagnoses (MNRH)		5	10	15	1,884	2,810	2,501
563		Plx1	5	9	14	1,884	2,915	2,547
563		Plx2		1	1		1,858	1,858
563		Plx3						
563		Plx4						
575	PWS - Fecal Exenteration		1	2	4	23,907	12,381	17,003
575		Plx1	1	1	2	23,907	13,093	18,500
575		Plx2						

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Costed Cases			Average Cost			Average LOS of Costed Patients			
		Pix Level	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
575		Pix3	1	1	2	11,669	15,507	13,038	9.0	9.0	9.0
575		Pix4	1	1	1	47,064	47,064	45,0	45.0	45.0	45.0
576 PWS - Radical Hysterectomy And Vulvectomy		Pix1	64	78	142	8,447	7,922	7,984	5.5	5.6	5.6
576		Pix2	55	63	118	8,093	6,950	7,483	5.1	5.1	5.1
576		Pix3	6	3	9	10,286	9,491	10,021	7.2	8.0	7.4
576		Pix4	1	9	10	9,135	9,304	9,287	7.0	7.9	7.8
576		Pix4	4	3	7	49,475	20,983	37,264	40.3	18.7	31.0
577 Major Gynecological Procedures For Ovarian Or Adnexal Malignancy		Pix1	199	180	379	8,500	8,051	8,287	5.8	6.2	6.0
577		Pix2	146	132	278	7,544	6,859	7,223	5.2	5.2	5.2
577		Pix3	18	18	36	9,005	8,634	8,820	6.3	7.1	6.7
577		Pix4	23	17	40	11,001	11,375	11,160	8.1	10.3	9.1
577		Pix4	16	17	33	21,327	18,264	19,749	13.6	13.8	13.7
Major Gynecological Procedures For Malignancy Except Ovarian Or Adnexal		Pix1	300	290	590	6,205	5,273	5,747	4.0	4.1	4.0
578		Pix2	269	258	527	5,933	4,957	5,455	3.8	3.8	3.8
578		Pix3	16	21	37	7,968	7,446	7,672	5.3	5.8	5.6
578		Pix4	14	14	28	9,819	10,619	10,219	7.8	8.6	8.2
578		Pix4	8	7	15	17,544	15,497	16,588	13.4	12.1	12.8
579 Major Uterine And Adnexal Procedures Without Malignancy		Pix1	4,080	4,206	8,286	4,327	3,972	4,147	3.1	3.1	3.1
579		Pix2	3,975	4,066	8,041	4,275	3,895	4,083	3.0	3.0	3.0
579		Pix3	70	78	148	6,557	6,417	6,483	5.2	5.1	5.1
579		Pix4	45	67	112	8,070	7,218	7,560	6.6	6.1	6.3
581 Reconstructive Gynaecological Procedures		Pix1	13	23	36	8,619	11,275	10,316	7.8	7.9	7.9
581		Pix2	832	881	1,713	3,678	3,917	3,801	2.7	2.7	2.7
581		Pix3	818	868	1,686	3,645	3,903	3,778	2.7	2.7	2.7
581		Pix4	5	3	8	8,781	14,148	10,794	8.8	10.7	9.5
582 Other Gynaecological Procedures		Pix1	75	81	156	4,548	4,285	4,401	3.4	3.5	3.5
582		Pix2	67	77	144	4,011	4,163	4,092	3.0	3.4	3.2

Schedule 2 – Inpatient Yearly Comparisons

CMI Code Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
582	Ptx2	3	1	5	5,104	4,289	4,554	4.7	5.0	4.8
582	Ptx3	4	2	6	12,585	4,234	9,801	9.3	3.0	7.2
582	Ptx4	4	1	5	11,471	12,157	11,608	10.8	11.0	10.8
583 Radio-Implant For Malignancy	Ptx1	23	28	51	2,799	3,763	3,329	2.1	2.1	2.1
583	Ptx2	22	28	50	2,835	3,763	3,355	2.2	2.1	2.2
583	Ptx3									
583	Ptx4	2		2	5,849		5,849	5.0		5.0
584 Vagina, Cervix And Vulva Procedures	Ptx1	203	147	350	3,178	3,235	3,202	2.7	2.6	2.6
584	Ptx2	201	144	345	3,152	3,211	3,176	2.7	2.6	2.6
584	Ptx3	2	3	5	7,941	4,366	5,796	6.0	4.0	4.8
584	Ptx4			3	8,609		9,008	9.0		9.0
585 Gynecological Laparoscopy (MNRH)	Ptx1	19	18	37	2,477	2,194	2,339	2.2	2.1	2.2
585	Ptx2	19	17	36	2,477	2,094	2,296	2.2	1.9	2.1
585	Ptx3			1	1	3,882	3,882		5.0	5.0
585	Ptx4									
586 Tubal Interruption (MNRH)	Ptx1	6	10	16	2,703	2,084	2,316	2.0	1.5	1.7
586	Ptx2	5	10	15	2,578	2,084	2,249	1.8	1.5	1.6
586	Ptx3	1		1	3,330		3,330	3.0		3.0
586	Ptx4									
587 Miscellaneous Gynecological Procedures (MNRH)	Ptx1	299	234	533	1,370	1,366	1,368	1.2	1.3	1.2
587	Ptx2	297	232	529	1,362	1,344	1,354	1.2	1.2	1.2
587	Ptx3	3	2	5	4,377	3,956	4,209	6.0	2.5	4.6
587	Ptx4	3	2	5	48,256	22,591	37,990	35.0	30.0	33.0
592 Malignancy Of Female Reproductive Organ	Ptx1	75	70	145	6,315	6,750	6,525	8.7	8.9	8.8
592	Ptx2	41	36	77	3,996	5,042	4,485	5.5	6.4	5.9

Schedule 2 – Inpatient Yearly Comparisons

CHG Code Description	Px Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
592	Px2	18	23	41	6,243	7,518	6,958	8.6	10.4	9.6
592	Px3	8	7	15	10,516	6,660	8,716	13.5	8.1	11.0
592	Px4	9	4	13	16,815	17,870	17,140	22.9	24.5	23.4
594 Female Reproductive System Infection	Px1	78	78	156	2,443	2,365	2,404	3.3	3.0	3.2
594	Px2	76	75	151	2,428	2,302	2,365	3.3	3.0	3.1
594	Px3	1	1	3	6,042	6,853	6,583	9.5	9.0	9.2
594	Px4									
595 Other Female Reproductive System Diagnoses And Injuries	Px1	5	10	15	2,084	1,158	1,467	2.2	1.7	1.9
595	Px2	4	8	12	2,006	1,045	1,365	2.3	1.5	1.8
595	Px3	1	1	4	2,399	337	1,890	2.0	1.0	1.5
595	Px4	2	1	3	6,761	2,885	5,469	10.0	4.0	8.0
595										
596 Miscellaneous Gynecological Diagnoses (MNRH)	Px1	238	248	486	1,937	1,756	1,845	2.0	2.0	2.0
596	Px2	230	241	471	1,888	1,723	1,804	1.9	1.9	1.9
596	Px3	7	5	12	3,680	3,132	3,452	4.1	4.4	4.3
596	Px4	2	2	5	3,888	2,269	3,071	4.5	2.0	3.3
596										
599 Premature Labour	Px1	333	338	671	2,450	2,542	2,497	3.1	3.5	3.3
599	Px2	333	338	671	2,450	2,542	2,497	3.1	3.5	3.3
600 Major Procedures In Pregnancy Or Childbirth	Px3	155	120	275	5,813	6,089	5,934	4.0	4.4	4.2
600	Px4									
601 Repeat Caesarean Delivery With Complicating Diagnosis	Px1	844	754	1,598	3,664	3,659	3,662	3.2	3.2	3.2
601	Px2	844	754	1,598	3,664	3,659	3,662	3.2	3.2	3.2
602 Caesarean Delivery With Complicating Diagnosis	Px3	2,133	2,006	4,139	4,654	4,487	4,573	3.8	3.8	3.8
602	Px4	2,133	2,006	4,139	4,654	4,487	4,573	3.8	3.8	3.8
603 Repeat Caesarean Delivery	Px1	1,571	1,492	3,063	3,033	2,899	2,968	2.7	2.7	2.7
603	Px2	1,571	1,492	3,063	3,033	2,899	2,968	2.7	2.7	2.7
604 Caesarean Delivery	Px3	2,230	2,217	4,447	3,763	3,782	3,773	3.1	3.2	3.2
604	Px4	2,230	2,217	4,447	3,763	3,782	3,773	3.1	3.2	3.2

Schedule 2 – Inpatient Yearly Comparisons

CMG Code Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
605 Fetal Surgery	Ptx9	5	2	7	2,570	6,384	3,660	1.8	4.5	2.6
605 Fetal Surgery	Ptx9	5	2	7	2,570	6,384	3,660	1.8	4.5	2.6
606 Vaginal Delivery With Sterilization Procedures	Ptx9	9	19	28	3,122	3,403	3,312	2.4	2.2	2.3
606 Vaginal Delivery With Minor Procedures	Ptx9	9	19	28	3,122	3,403	3,312	2.4	2.2	2.3
607 Vaginal Delivery With Minor Procedures	Ptx9	130	118	248	3,075	2,937	3,009	2.3	2.1	2.2
607 Vaginal Delivery After Caesarean (VBAC) With Complicating Diagnosis	Ptx9	130	118	248	3,075	2,937	3,009	2.3	2.1	2.2
608 Vaginal Delivery With Complicating Diagnosis	Ptx9	277	267	544	2,387	2,505	2,445	1.7	1.7	1.7
609 Vaginal Delivery With Complicating Diagnosis	Ptx9	7,793	7,525	15,318	2,504	2,561	2,532	1.9	2.0	1.9
610 Vaginal Delivery After Caesarean Delivery (VBAC)	Ptx9	7,793	7,525	15,318	2,504	2,561	2,532	1.9	2.0	1.9
611 Vaginal Delivery	Ptx9	390	448	838	2,150	2,143	2,146	1.4	1.4	1.4
611 Vaginal Delivery	Ptx9	390	448	838	2,150	2,143	2,146	1.4	1.4	1.4
612 Ectopic Pregnancy With Major Procedures	Ptx9	80	87	167	4,185	4,043	4,111	3.2	3.1	3.2
612 Ectopic Pregnancy With Major Procedures	Ptx9	80	87	167	4,185	4,043	4,111	3.2	3.1	3.2
613 Ectopic Pregnancy With Minor Procedures	Ptx9	235	258	493	2,458	2,388	2,421	1.6	1.5	1.5
613 Ectopic Pregnancy With Minor Procedures	Ptx9	235	258	493	2,458	2,388	2,421	1.6	1.5	1.5
614 Ectopic Pregnancy	Ptx9	54	57	111	646	721	684	1.0	1.0	1.0
614 Ectopic Pregnancy	Ptx9	54	57	111	646	721	684	1.0	1.0	1.0
615 Threatened Abortion	Ptx9	49	49	98	1,042	1,016	1,029	1.4	1.3	1.4
615 Threatened Abortion	Ptx9	49	49	98	1,042	1,016	1,029	1.4	1.3	1.4
616 Abortive Outcome With Injection	Ptx9	12	22	34	1,911	1,546	1,675	1.9	1.3	1.5
616 Abortive Outcome With Injection	Ptx9	12	22	34	1,911	1,546	1,675	1.9	1.3	1.5
617 Abortive Outcome With D And C	Ptx9	1,014	1,064	2,078	1,038	994	1,016	1.0	1.0	1.0
617 Abortive Outcome With D And C	Ptx9	1,014	1,064	2,078	1,038	994	1,016	1.0	1.0	1.0
618 Abortive Outcome	Ptx9	181	169	350	1,440	1,146	1,298	1.0	1.0	1.0
618 Abortive Outcome	Ptx9	181	169	350	1,440	1,146	1,298	1.0	1.0	1.0

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Costed Cases				Average Cost				Average LOS of Costed Cases
		Pix Level	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004
619 False Labour LOS < 3 Days (MNRH)		389	385	774	816	920	868	1.0	1.0	1.0
619 Post-Partum Diagnosis With Procedures Other Than D And C	Pix9	389	385	774	816	920	868	1.0	1.0	1.0
620 Post-Partum Diagnosis With D And C	Pix9	19	16	35	4,249	4,691	4,451	2.8	4.6	3.6
621 Post-Partum Diagnosis With D And C	Pix9	112	131	243	1,448	1,317	1,377	1.3	1.3	1.3
622 Post-Partum Diagnosis	Pix9	112	131	243	1,448	1,317	1,377	1.3	1.3	1.3
623 Antepartum Diagnosis With Complicating Diagnosis	Pix9	410	444	854	1,806	1,924	1,867	2.4	2.4	2.4
623 Antepartum Diagnosis With Complicating Diagnosis	Pix9	652	710	1,362	2,063	2,051	2,057	2.9	2.8	2.9
624 Antepartum Diagnosis	Pix9	944	853	1,797	1,396	1,414	1,405	1.7	1.7	1.7
624 Antepartum Diagnosis	Pix9	944	853	1,797	1,396	1,414	1,405	1.7	1.7	1.7
625 PWS - Neonates Weight < 750 Grams	Pix9	31	79	110	17,120	12,789	14,009	5.5	4.0	4.4
625 PWS - Neonates Weight 750-999 Grams	Pix9	31	79	110	17,120	12,789	14,009	5.5	4.0	4.4
626 PWS - Neonates Weight 1000-1499 gm With Catastrophic Diagnosis	Pix9	82	108	190	75,038	81,235	78,560	42.0	41.5	41.7
626 PWS - Neonates Weight 1000-1499 gm With Catastrophic Diagnosis	Pix9	82	108	190	75,038	81,235	78,560	42.0	41.5	41.7
627 PWS - Neonates Weight 1000-1499 gm Without Catastrophic Diagnosis	Pix9	2	4	6	35,671	69,696	58,354	13.5	33.3	26.7
628 Diagnosis	Pix9	354	358	712	38,087	40,716	39,409	25.9	27.2	26.6
628 Diagnosis	Pix9	354	358	712	38,087	40,716	39,409	25.9	27.2	26.6
631 Neonates Weight 1500-1999 gm With Major Problem Diagnosis	Pix9	165	224	389	28,561	27,088	27,713	18.3	18.0	18.1
631 Neonates Weight 1500-1999 gm With Mod Or Minor Or No Problem	Pix9	1	4	5	20,426	59,087	51,355	22.0	28.0	26.8
632 Diagnosis	Pix9	538	553	1,091	15,324	14,003	14,654	13.7	14.0	13.9
632 Diagnosis	Pix9	538	553	1,091	15,324	14,003	14,654	13.7	14.0	13.9
636 PWS - Neonates Weight 2000-2499 gm With Catastrophic Diagnosis	Pix9	4	1	5	26,908	15,626	24,652	14.3	16.0	14.6

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Costed Cases			Average Cost			Average LOS of Costed Cases			
		Pix Level	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
636		Pix9	4	1	5	26,908	15,626	24,652	14.3	16.0	14.6
637	Neonates Weight 2000-2499 gm With Major Problem Diagnosis		203	163	366	18,901	17,964	18,484	10.2	11.7	10.9
637		Pix9	203	163	366	18,901	17,964	18,484	10.2	11.7	10.9
638	Neonates Weight 2000-2499 gm With Moderate Problem Diagnosis		221	233	454	10,547	11,503	11,038	8.6	9.5	9.1
638		Pix9	221	233	454	10,547	11,503	11,038	8.6	9.5	9.1
639	Neonates Weight 2000-2499 gm With Minor Problem Diagnosis		972	1,007	1,979	5,248	4,961	5,102	5.5	5.6	5.5
639		Pix9	972	1,007	1,979	5,248	4,961	5,102	5.5	5.6	5.5
640	Neonates Weight 2000-2499 gm With No Problem Diagnosis		193	215	408	1,033	1,017	1,024	1.5	1.6	1.6
640		Pix9	193	215	408	1,033	1,017	1,024	1.5	1.6	1.6
643	PWS - Neonates Weight > 2500 gm With Catastrophic Diagnosis		23	25	48	29,233	19,739	24,288	10.1	8.2	9.1
643		Pix9	23	25	48	29,233	19,739	24,288	10.1	8.2	9.1
644	Neonates Weight > 2500 gm With Major Problem Diagnosis		581	601	1,182	12,807	10,850	11,812	6.0	5.4	5.7
644		Pix9	581	601	1,182	12,807	10,850	11,812	6.0	5.4	5.7
645	Neonates Weight > 2500 gm With Moderate Problem Diagnosis		1,281	1,281	2,562	4,384	4,077	4,231	3.4	3.4	3.4
645		Pix9	1,281	1,281	2,562	4,384	4,077	4,231	3.4	3.4	3.4
646	Neonates Weight > 2500 gm With Cesarean Delivery		5,584	5,306	10,890	1,519	1,456	1,488	2.8	2.8	2.8
646		Pix9	5,584	5,306	10,890	1,519	1,456	1,488	2.8	2.8	2.8
647	Neonates Weight > 2500 gm With Minor Problem Diagnosis		1,930	1,910	3,840	2,236	1,970	2,104	2.3	2.2	2.2
647		Pix9	1,930	1,910	3,840	2,236	1,970	2,104	2.3	2.2	2.2
648	Neonates Weight > 2500 gm (Normal Newborn)		16,875	16,786	33,661	763	745	754	1.3	1.3	1.3
648		Pix9	16,875	16,786	33,661	763	745	754	1.3	1.3	1.3
650	PWS - Tracheostomy And Gastrostomy Procedures For Trauma		124	113	237	102,093	94,405	98,427	43.9	43.5	43.7
650		Pix1	4	6	10	28,931	22,739	25,216	18.5	17.5	17.9
650		Pix2	4	4	8	48,479	43,889	46,184	19.0	23.0	21.0
650		Pix3	5	2	7	57,275	56,303	56,997	56.8	33.0	50.0
650		Pix4	110	101	211	109,107	101,418	105,426	44.7	46.1	45.4
651	PWS - Intracranial Procedures With Spinal Procedures For Trauma		1	2	5	37,914	25,992	27,126	22.0	10.0	14.0

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code Description	Px Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
651	Px9	1	2	5	37,914	25,992	27,126	22.0	10.0	14.0
652 PWS - Intracranial Procedures With Femur Procedures For Trauma	Px9	2	3	5	76,189	95,233	87,616	23.5	26.3	25.2
652 PWS - Intracranial Or Femur Procedures With Thoraco-Abdominal Procedures For Trauma	Px9	13	17	30	42,904	37,966	40,106	20.3	19.8	20.0
653 PWS - Intracranial Procedures W Wound Debridement Or Lower Extremity Proc For Trauma	Px9	3	6	9	33,706	24,724	27,718	9.7	7.8	8.4
654 PWS - Spinal Procedures With Femur Procedures For Trauma	Px9	6	5	11	65,469	41,859	54,737	32.7	24.6	29.0
655 PWS - Spinal Procedures With Thoraco-Abdominal Procedures For Trauma	Px9	6	5	11	65,469	41,859	54,737	32.7	24.6	29.0
656 PWS - Spinal Procedures With Thoraco-Abdominal Procedures For Trauma	Px9	3	2	5	35,139	56,652	43,744	16.0	22.0	18.4
656 PWS - Spinal Procedures With Wound Debridement Or Lower Extremity Proc For Trauma	Px9	10	25	35	29,694	32,272	31,535	16.7	13.7	14.6
657 Femur Procedures With Wound Debridement Or Lower Extremity Proc For Trauma	Px9	10	25	35	29,694	32,272	31,535	16.7	13.7	14.6
658 Thoraco-Abdominal Proc W Wound Debridement Or Lower Extremity Proc For Trauma	Px9	78	65	143	30,964	30,514	30,759	15.9	17.2	16.5
659 Proc For Trauma	Px9	15	13	28	32,882	60,435	45,674	15.7	28.4	21.6
659 PWS - Intracranial Procedures For Trauma	Px1	150	142	292	17,342	20,102	18,685	7.5	8.1	7.8
660 PWS - Proc For Trauma	Px1	87	69	156	10,220	9,303	9,815	5.7	5.1	5.4
660 Px2	Px2	21	21	42	17,028	18,839	17,933	7.7	7.7	7.7
660 Px3	Px3	12	9	21	26,558	23,140	25,093	13.4	9.8	11.9
660 Px4	Px4	34	45	79	42,779	41,691	42,159	14.5	15.6	15.1
661 PWS - Spinal Procedures For Trauma	Px1	104	111	215	18,600	21,446	20,069	11.9	11.3	11.6
661	Px1	59	62	121	14,726	14,041	14,375	9.1	7.9	8.5

Schedule 2 – Inpatient Yearly Comparisons

CMG Code Description	Phy Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
661	Px2	25	20	45	20,569	21,284	20,886	11.7	13.1	12.3
661	Px3	7	9	16	42,189	20,268	29,859	23.0	14.3	18.1
661	Px4	10	18	28	29,817	45,964	40,197	18.7	17.9	18.2
662 Femur Or Pelvic Procedures For Trauma		1,139	1,258	2,397	11,707	10,982	11,326	10.3	10.2	10.3
662	Px1	801	856	1,657	9,318	8,666	8,982	8.1	7.9	8.0
662	Px2	184	214	398	15,525	14,316	14,875	13.5	14.0	13.8
662	Px3	70	97	167	19,015	18,640	18,797	18.9	18.5	18.7
662	Px4	69	97	166	28,728	25,754	26,990	25.0	22.5	23.5
663 Thoraco-Abdominal Procedures For Trauma		175	186	361	11,939	11,126	11,520	6.9	7.0	7.0
663	Px1	109	110	219	9,121	8,439	8,778	6.1	6.0	6.0
663	Px2	30	32	62	11,766	11,921	11,846	7.2	7.5	7.4
663	Px3	20	20	40	19,280	15,621	17,451	8.4	10.2	9.3
663	Px4	23	36	59	53,498	40,509	45,572	18.4	18.6	18.5
664 Wound Debridement And Skin Graft For Trauma		261	229	490	14,576	14,212	14,406	10.1	9.6	9.9
664	Px1	212	179	391	11,465	9,999	10,794	8.2	7.6	7.9
664	Px2	26	19	45	23,446	18,731	21,455	14.2	14.1	14.2
664	Px3	15	16	31	32,559	29,423	30,940	22.9	18.3	20.5
664	Px4	7	17	24	58,352	42,626	47,388	30.3	22.9	25.1
665 PWS - Elevated Skull Fractures		14	15	29	12,513	9,970	11,197	6.0	4.7	5.3
665	Px1	10	11	21	8,839	9,039	8,944	4.4	3.5	3.9
665	Px2	5	3	8	23,639	10,736	18,800	11.6	7.7	10.1
665	Px3	1	1	1	17,910	17,910	17,910		10.0	10.0
665	Px4	1	1	1	40,999	40,999	40,999		18.0	18.0
666 Major Lower Extremity Procedures For Trauma		1,838	2,083	3,921	4,949	4,615	4,772	3.1	3.0	3.0
666	Px1	1,779	2,015	3,794	4,812	4,513	4,653	3.0	2.9	2.9
666	Px2	107	113	220	14,238	13,735	13,980	10.5	9.9	10.2
666	Px3	35	39	74	18,537	15,018	16,682	12.4	11.5	12.0
666	Px4	27	18	45	39,471	32,879	36,834	19.8	26.6	22.5
667 Minor Lower Extremity Procedures For Trauma		38	46	84	5,220	3,998	4,551	3.8	2.7	3.2
667	Px1	37	46	83	5,101	3,998	4,489	3.6	2.7	3.1

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Costed Cases				Average Cost				Average LOS of Costed Cases	
		Pix Level	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	
667		Pix2	1	1	5	9,651	20,502	16,823	10.0	13.0	11.5
667		Pix3									
667		Pix4	1	2		23,394	28,486		16.0	16.0	
668	Miscellaneous Musculoskeletal Procedures For Trauma	Pix1	417	427	844	5,299	5,245	5,271	3.1	3.0	3.1
668		Pix2	400	405	805	5,125	5,052	5,088	3.0	2.9	3.0
668		Pix3	29	26	55	12,959	11,241	12,147	8.2	6.8	7.6
668		Pix4	8	2	10	31,487	30,368	31,263	13.0	8.5	12.1
669	Vascular Repair For Trauma	Pix1	69	98	167	5,993	5,527	5,720	2.8	2.4	2.6
669		Pix2	62	89	151	5,645	5,058	5,299	2.7	2.3	2.5
669		Pix3	5	2	7	9,124	12,408	10,062	4.2	12.0	6.4
669		Pix4	1	6	7	12,832	15,488	15,109	12.0	9.5	9.9
669		Pix5	1	2	4	6,364	10,520	8,695	2.0	1.0	1.3
670	Upper Extremity Procedures For Trauma	Pix1	1,378	1,782	3,160	3,831	3,304	3,534	2.1	1.9	2.0
670		Pix2	1,264	1,661	2,925	3,461	3,026	3,214	1.8	1.7	1.7
670		Pix3	56	47	103	10,535	8,772	9,730	7.3	6.3	6.9
670		Pix4	7	11	18	8,566	15,511	12,810	7.4	12.4	10.4
670		Pix5	6	10	16	27,847	26,414	26,952	13.2	15.3	14.5
674	PWS - Intracranial Injuries With Spinal Injuries	Pix9	28	24	52	13,075	15,068	13,995	7.0	8.7	7.8
674		Pix9	28	24	52	13,075	15,068	13,995	7.0	8.7	7.8
675	PWS - Intracranial Injuries With Fractures Of Femur Or Pelvis	Pix9	14	6	20	9,046	17,193	11,490	6.1	8.0	6.7
675		Pix9	14	6	20	9,046	17,193	11,490	6.1	8.0	6.7
676	PWS - Intracranial Injuries With Thoraco-Abdominal Injuries	Pix9	42	35	77	13,934	17,827	15,703	8.3	9.4	8.8
676		Pix9	42	35	77	13,934	17,827	15,703	8.3	9.4	8.8
677	Spinal Injuries With Fractures Of Femur	Pix9	48	58	106	8,545	8,626	8,590	8.5	8.7	8.6
677		Pix9	48	58	106	8,545	8,626	8,590	8.5	8.7	8.6
678	Spinal Injuries With Thoraco-Abdominal Injuries	Pix9	66	81	147	12,781	9,882	11,184	8.5	7.8	8.1
678		Pix9	66	81	147	12,781	9,882	11,184	8.5	7.8	8.1
679	Fractures Of Femur With Thoraco-Abdominal Injuries	Pix9	34	27	61	6,539	9,340	7,778	7.1	9.9	8.3
679		Pix9	34	27	61	6,539	9,340	7,778	7.1	9.9	8.3

Schedule 2 – Inpatient Yearly Comparisons

CMG	Code Description	Plx Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
680 Femur Or Pelvic Fractures And Dislocations		Pix1	333	344	677	8,105	7,203	7,647	11.2	10.1	10.7			
		Pix2	241	246	487	6,091	6,022	6,056	8.7	8.6	8.6			
		Pix3	57	53	110	13,221	9,325	11,344	20.4	12.7	16.7			
		Pix4	24	28	52	17,488	10,222	13,575	24.3	12.9	18.2			
			21	15	36	22,058	24,245	22,969	25.2	29.7	27.1			
681 Frostbite		Pix1	14	15	29	14,040	11,178	12,559	14.9	12.9	13.9			
		Pix2	9	13	22	11,177	9,135	9,970	11.8	10.5	11.0			
		Pix3	3	1	4	10,409	7,582	9,702	12.3	10.0	11.8			
		Pix4	1		1	32,207		32,207	19.0		19.0			
682 Spinal Injuries		Pix1	369	338	707	5,179	4,801	4,998	5.6	5.6	5.6			
		Pix2	302	275	577	4,470	4,029	4,260	4.9	4.8	4.9			
		Pix3	47	38	85	6,332	6,274	6,306	6.8	7.0	6.9			
		Pix4	14	13	27	10,749	13,920	12,276	13.6	17.4	15.4			
682	Intracranial Injuries	Pix1	9	18	27	21,844	25,853	24,516	25.8	26.4	26.2			
		Pix2	347	306	653	6,689	6,086	6,407	5.0	4.7	4.8			
		Pix3	254	230	484	5,063	4,397	4,747	4.2	3.6	3.9			
		Pix4	17	13	30	7,166	6,794	7,005	5.8	7.9	6.7			
			51	38	89	8,275	8,374	8,318	6.0	6.0	6.0			
			28	27	55	28,011	19,922	24,040	18.6	14.1	16.4			
684 Fracture Of Humerus		Pix1	87	97	184	5,789	5,732	5,759	8.9	8.2	8.5			
		Pix2	66	80	146	3,505	3,789	3,661	5.3	5.4	5.3			
		Pix3	13	9	22	14,115	13,630	13,916	22.5	20.6	21.7			
		Pix4	4	4	8	13,897	19,662	16,780	17.8	28.8	23.3			
685 Hip And Thigh Injuries		Pix1	42	29	71	5,748	3,526	4,840	8.4	5.3	7.1			
		Pix2	8	4	12	22,099	5,350	16,516	32.5	11.3	25.4			
		Pix3	1	2	5	20,526	23,602	22,219	36.0	42.0	40.0			
		Pix4			2					15,329				

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Costed Cases				Average Cost				Average LOS of Costed Cases	
		Pkx Level	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	
686 Major Nerve Injuries			3	9	12	9,838	10,236	10,137	4.0	4.6	4.4
686	Pkx1	3	8	11	9,838	11,151	10,793	4.0	4.5	4.4	
686	Pkx2										
686	Pkx3	1	2			2,917	10,128		5.0	5.0	
686	Pkx4										
687 Thoraco-Abdominal Injuries			566	527	1,093	4,931	5,504	5,207	4.8	5.2	5.0
687	Pkx1	486	436	922	4,197	4,551	4,365	4.2	4.6	4.3	
687	Pkx2	46	44	90	6,784	7,502	7,135	7.4	8.0	7.7	
687	Pkx3	22	29	51	12,754	11,424	11,998	11.6	11.0	11.2	
687	Pkx4	13	27	40	18,376	21,081	20,202	12.8	13.4	13.2	
688 Weight Bearing Injuries			273	267	540	2,964	2,913	2,939	3.5	3.4	3.4
688	Pkx1	233	229	462	2,126	2,238	2,181	2.4	2.4	2.4	
688	Pkx2	22	19	41	9,221	7,131	8,252	12.0	9.6	10.9	
688	Pkx3	10	8	18	9,532	24,399	16,140	10.5	32.3	20.2	
688	Pkx4	5	8	13	20,989	22,257	21,770	27.2	26.5	26.8	
689 Genito-Urinary Injuries			64	50	114	3,601	3,104	3,383	3.7	3.5	3.6
689	Pkx1	52	46	98	3,083	3,202	3,139	3.1	3.6	3.4	
689	Pkx2	10	4	14	4,981	5,120	5,020	5.7	6.5	5.9	
689	Pkx3	3	1	5	14,026	1,466	9,350	13.7	1.0	10.5	
689	Pkx4	3	5			18,135	25,456		17.0	17.0	
690 Crushing Injuries And Contusions			88	84	172	3,000	2,738	2,872	3.2	2.9	3.1
690	Pkx1	76	77	153	2,291	2,603	2,448	2.4	2.7	2.5	
690	Pkx2	6	1	7	7,760	546	6,729	11.2	1.0	9.7	
690	Pkx3	5	5	10	9,514	4,055	6,785	13.4	6.6	10.0	
690	Pkx4	2	1	3	5,610	14,938	8,686	10.5	16.0	12.3	
691 Minor Lower Extremity Fractures			22	20	42	2,493	2,235	2,370	2.2	2.5	2.4
691	Pkx1	21	17	38	2,467	1,900	2,214	2.1	1.8	2.0	
691	Pkx2	1	2	3	3,047	3,621	3,430	4.0	4.5	4.3	
691	Pkx3	1					5,638				
691	Pkx4										

Schedule 2 – Inpatient Yearly Comparisons

CMG Code Description	Ph Level	Costed Cases			Averaged LOS of Costed Cases	Average LOS of Costed Cases	2004/2005 Blended	2004/2005 Blended	2003/2004 Blended	2004/2005 Blended	2003/2004 Blended
		2004/2005	2003/2004	Blended							
692 Wounds		618	539	1,157	2,634	2,639	2,636	2,0	1.9	1.9	1.9
692	Phx1	601	520	1,121	2,584	2,567	2,576	1.9	1.8	1.8	1.9
692	Phx2	10	13	23	4,477	6,516	5,629	4.3	5.2	5.2	4.8
692	Phx3	13	8	21	6,740	4,641	5,940	6.3	5.1	5.1	5.9
692	Phx4	6	7	13	26,531	11,382	18,374	13.8	7.4	7.4	10.4
693 Amputations Or Vascular And Other Nerve Injuries		105	96	201	3,381	2,806	3,106	1.6	1.6	1.6	1.6
693	Phx1	102	94	196	3,364	2,756	3,072	1.6	1.5	1.5	1.6
693	Phx2	2	1	5	2,578	9,987	5,325	1.5	6.0	6.0	3.0
693	Phx3	3	3	6	12,435	7,504	9,969	8.0	4.3	4.3	6.2
693	Phx4	1	1	3	39,554	57,645	34,878	16.0	28.0	28.0	22.0
694 Facial Injuries		205	193	398	3,264	2,798	3,038	2.3	2.1	2.1	2.2
694	Phx1	200	188	388	3,135	2,730	2,938	2.2	2.1	2.1	2.1
694	Phx2	5	5	10	7,828	6,963	7,396	8.8	5.8	5.8	7.3
694	Phx3	1	1	5	8,256	1,834	4,110	4.0	2.0	2.0	3.0
694	Phx4	3	4	19,933	19,933	17,906	7.3	7.3	7.3	7.3	
695 Other Cranial Injuries		346	318	664	3,225	2,959	3,098	2.6	2.5	2.5	2.5
695	Phx1	238	229	467	2,180	2,080	2,131	1.8	1.8	1.8	1.8
695	Phx2	29	19	48	6,113	5,517	5,877	5.6	5.0	5.0	5.4
695	Phx3	44	35	79	6,917	5,216	6,163	5.5	4.7	4.7	5.1
695	Phx4	22	25	47	18,500	17,863	18,161	12.4	10.3	10.3	11.3
696 Upper Extremity Fractures		243	254	497	2,095	2,016	2,054	1.6	1.6	1.6	1.6
696	Phx1	234	249	483	2,053	1,987	2,019	1.6	1.6	1.6	1.6
696	Phx2	25	13	38	7,047	8,460	7,530	8.1	11.9	11.9	9.4
696	Phx3	6	10	16	12,341	8,710	10,072	13.5	12.3	12.3	12.8
696	Phx4	4	5	25,049	23,528			34.8	34.8	34.8	34.8
700 PWS - Bone Marrow Transplant		144	152	296	58,251	54,735	56,445	27.0	27.0	27.0	27.0
700	Phx1	9	17	26	35,708	34,797	35,112	17.0	18.1	18.1	17.7
700	Phx2	4	11	15	32,321	47,104	43,162	18.5	24.0	24.0	22.5
700	Phx3	7	12	19	60,779	46,302	51,635	25.3	23.6	23.6	24.2
700	Phx4	124	113	237	60,580	60,175	60,387	28.2	29.3	29.3	28.7

Schedule 2 - Inpatient Yearly Comparisons

CHG Code	Description	Phx Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
			2004/ 2005	2003/ 2004	Blended	2004/ 2005	2003/ 2004	Blended	2004/ 2005	2003/ 2004	Blended	2004/ 2005	2003/ 2004	Blended
701 Splenectomy		60	76	136	9,841	8,120	8,879	5,1	4,6	4,4	4,6	4,8		
701		Phx1	48	71	119	8,256	7,723	7,938	3,8	4,4	4,4	4,6	4,8	
701		Phx2	9	3	12	15,252	9,202	13,740	10,3	7,0	7,0	9,5		
701		Phx3	1	1	5	14,048	8,670	11,336	6,0	7,0	7,0	6,5		
701		Phx4	3	1	5	58,180	32,493	47,118	33,0	10,0	10,0	27,3		
703 Other O.R. Procedures Of Blood And Blood-Forming Organs		84	86	170	8,216	7,516	7,862	5,3	4,9	5,1				
703		Phx1	67	70	137	5,861	5,725	5,791	4,1	3,9	3,9	4,0		
703		Phx2	8	9	17	22,981	10,574	16,413	12,1	6,1	6,1	8,9		
703		Phx3	7	5	12	15,742	17,232	16,363	14,0	11,8	11,8	13,1		
703		Phx4	9	7	16	49,610	62,566	55,279	23,6	38,7	38,7	30,2		
704 Red Blood Cell Disorders		548	469	1,017	4,791	5,149	4,956	5,5	5,6	5,6	5,6	5,6		
704		Phx1	392	367	759	3,946	4,259	4,097	4,7	4,8	4,8	4,8		
704		Phx2	87	58	145	6,026	6,688	6,691	7,1	8,5	8,5	7,7		
704		Phx3	51	30	81	8,079	8,515	8,241	9,0	10,2	10,2	9,4		
704		Phx4	25	21	46	15,476	17,414	16,361	15,0	15,0	15,0	15,0		
709 Coagulation Disorders		229	184	413	4,019	3,363	3,727	4,2	3,5	3,5	3,9			
709		Phx1	193	159	352	3,441	3,007	3,245	3,7	3,2	3,2	3,4		
709		Phx2	19	11	30	6,785	6,107	6,536	6,6	6,5	6,5	6,6		
709		Phx3	17	13	30	12,141	10,937	11,619	13,8	11,3	11,3	12,7		
709		Phx4	7	8	15	10,861	18,214	14,783	12,0	12,8	12,8	12,4		
710 Reticuloendothelial And Immunity Disorders		318	403	721	6,305	6,240	6,269	5,1	5,0	5,0	5,1	5,1		
710		Phx1	256	334	590	5,484	5,380	5,425	4,7	4,5	4,5	4,6		
710		Phx2	37	40	77	9,042	9,335	9,194	6,2	7,3	7,3	6,8		
710		Phx3	17	21	38	12,218	11,247	11,682	9,5	8,0	8,0	8,7		
710		Phx4	17	9	26	24,758	20,845	23,403	17,2	13,4	13,4	15,9		
725 Major Leukemia And Lymphoma Procedures		122	123	245	12,108	8,781	10,438	7,0	6,1	6,1	6,5			
725		Phx1	91	91	182	8,767	6,145	7,456	4,4	3,8	3,8	4,1		
725		Phx2	15	13	28	15,840	8,386	12,379	13,4	6,9	6,9	10,4		
725		Phx3	4	8	12	23,535	17,136	19,269	14,8	14,9	14,9	14,8		
725		Phx4	13	20	33	65,659	48,729	55,399	31,7	36,0	36,0	34,3		

Schedule 2 – Inpatient Yearly Comparisons

CMG Code Description	Plx Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
726 Acute Leukemia Without Major Procedures	Ptx1	169	231	400	23,789	25,874	24,993	17.4	18.7	18.2			
726	Ptx1	80	87	167	10,700	12,205	11,484	9.5	8.5	9.0			
726	Ptx2	5	14	19	20,898	21,173	21,101	20.0	17.4	18.1			
726	Ptx3	23	37	60	22,155	22,789	22,546	16.5	17.8	17.3			
726	Ptx4	57	89	146	40,623	39,996	40,241	26.4	28.2	27.5			
728 Lymphoma And Chronic Leukemia With Other Procedures	Ptx1	173	181	354	14,073	14,564	14,324	11.3	12.3	11.8			
728	Ptx1	111	104	215	7,849	8,293	8,064	6.5	6.6	6.6			
728	Ptx2	21	15	36	13,576	20,137	16,310	12.1	19.3	15.1			
728	Ptx3	11	19	30	24,843	14,452	18,262	22.4	11.8	15.7			
728	Ptx4	29	40	69	40,874	31,327	35,340	27.3	25.6	26.3			
730 Lymphoma And Chronic Leukemia	Ptx1	367	408	775	9,982	10,722	10,371	10.4	10.8	10.6			
730	Ptx1	203	204	407	6,687	6,279	6,482	7.3	6.9	7.1			
730	Ptx2	69	88	157	9,077	10,692	9,982	9.4	12.3	11.0			
730	Ptx3	48	48	96	11,573	11,493	11,533	14.2	11.8	13.0			
730	Ptx4	46	66	112	27,190	27,276	27,241	23.6	21.1	22.1			
733 Major Ill-Defined Neoplasm Procedures	Ptx1	60	51	111	16,070	13,017	14,667	10.6	9.9	10.3			
733	Ptx1	40	23	63	9,646	9,472	9,562	6.0	6.4	6.1			
733	Ptx2	7	15	22	21,273	13,740	16,137	16.4	12.9	14.0			
733	Ptx3	3	8	11	30,444	24,094	25,826	26.0	18.6	20.6			
733	Ptx4	10	8	18	44,659	29,752	38,034	24.8	26.0	25.3			
734 Ill-Defined Neoplasm With Other Procedures	Ptx1	40	51	91	9,631	7,580	8,482	7.5	6.1	6.7			
734	Ptx1	26	37	63	5,641	6,396	6,085	3.1	4.2	3.8			
734	Ptx2	2	5	7	13,492	8,137	9,667	12.0	6.2	7.9			
734	Ptx3	6	6	12	23,203	14,607	18,905	19.0	18.7	18.8			
734	Ptx4	12	3	15	49,048	9,160	41,071	36.3	10.3	31.1			
735 PWS Radiation Therapy	Ptx1	153	171	324	4,192	4,870	4,550	4.4	5.2	4.9			
735	Ptx1	137	155	292	3,409	4,078	3,764	3.2	4.2	3.7			
735	Ptx2	9	7	16	11,510	9,273	10,531	14.8	12.3	13.7			
735	Ptx3	6	8	14	20,873	27,297	24,544	27.7	30.1	29.1			
735	Ptx4	3	5	8	19,713	24,992	23,012	21.3	26.8	24.8			

Schedule 2 – Inpatient Yearly Comparisons

CMG	Category	Description	Costed Cases						Average Cost			Average LOS of Costed Cases	
			Pix Level	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	
736	Chemotherapy		Pk1	742	733	1,475	4,867	5,068	4,967	3.3	3.4	3.3	3.3
736			Pk1	688	697	1,385	4,612	4,934	4,774	3.2	3.3	3.2	3.2
736			Pk2	10	16	26	7,426	10,352	9,227	5.4	7.6	6.7	
736			Pk3	38	19	57	10,682	12,499	11,288	7.9	10.7	8.8	
736			Pk4	34	45	79	20,067	21,240	20,735	17.4	19.9	18.8	
737	Other Poorly Differentiated Neoplastic Diagnoses		Pk1	84	99	183	9,031	9,952	9,529	11.6	11.5	11.5	
737			Pk1	43	44	87	6,086	7,111	6,605	7.8	8.1	8.0	
737			Pk2	21	27	48	8,620	11,397	10,182	11.9	13.6	12.8	
737			Pk3	6	14	20	9,539	14,730	13,173	9.3	16.0	14.0	
737			Pk4	11	16	27	17,835	16,504	17,046	21.0	19.9	20.3	
750	Multisystemic Or Unspecified Site Infections With Surgery		Pk1	351	354	705	26,106	24,442	25,271	16.0	16.0	16.0	16.0
750			Pk1	178	166	344	9,130	8,409	8,782	8.2	7.6	7.9	
750			Pk2	37	36	73	16,240	17,711	16,966	13.5	15.3	14.4	
750			Pk3	25	30	55	22,157	19,261	20,577	18.7	17.4	18.0	
750			Pk4	122	141	263	73,240	68,033	70,448	38.3	35.6	36.8	
751	Septicemia		Pk1	472	524	996	9,816	10,381	10,113	7.7	8.0	7.8	
751			Pk1	202	211	413	5,386	5,320	5,352	5.8	6.0	5.9	
751			Pk2	67	72	139	9,134	7,728	8,406	8.8	7.7	8.2	
751			Pk3	87	74	161	9,942	10,824	10,347	8.5	8.9	8.7	
751			Pk4	128	174	302	19,688	18,949	19,266	12.2	11.7	11.9	
756	Post-Operative And Post-Traumatic Infections		Pk1	355	325	680	3,976	3,981	3,978	4.9	5.0	5.0	
756			Pk1	303	292	595	3,855	3,907	3,881	4.8	5.0	4.9	
756			Pk2	24	20	44	7,626	5,820	6,805	8.1	7.4	7.8	
756			Pk3	26	15	41	4,390	6,263	5,075	5.5	7.4	6.2	
756			Pk4	9	12	21	15,670	20,972	18,700	12.3	16.6	14.8	
757	Viral Illness		Pk1	191	215	406	3,218	3,273	3,247	3.4	3.3	3.3	
757			Pk1	163	175	338	2,875	2,592	2,728	3.0	2.8	2.9	
757			Pk2	10	21	31	3,590	4,378	4,124	3.9	4.0	3.9	
757			Pk3	15	6	21	9,031	4,918	7,855	8.4	5.0	7.4	
757			Pk4	4	13	17	18,024	25,285	23,576	16.8	17.8	17.6	

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Costed Cases			Average Cost			Average LOS of Costed Cases			
		Pix Level	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
761	Fever Of Unknown Origin	Pix1	234	199	433	3,201	2,918	3,071	3.3	3.0	3.2
761		Pix1	189	184	373	3,073	2,973	3,024	3.3	3.3	3.3
761		Pix2	48	26	74	4,945	5,998	5,315	5.3	5.5	5.4
761		Pix3	11	11	22	4,961	6,545	5,753	3.6	8.0	5.8
761		Pix4	6	2	8	16,783	9,560	14,977	17.0	12.5	15.9
763	Other Infectious Diagnoses	Pix1	122	116	238	6,844	7,217	7,026	6.1	6.7	6.4
763		Pix1	87	75	162	5,529	4,994	5,281	5.0	5.6	5.3
763		Pix2	13	15	28	7,947	8,709	8,355	9.0	7.4	8.1
763		Pix3	15	14	29	12,600	6,205	9,513	11.8	6.9	9.4
763		Pix4	17	14	31	31,030	22,520	27,187	22.7	15.9	19.6
764	Depressive Mood Disorders With ECT	Pix9	265	271	536	19,906	18,981	19,439	38.2	37.8	38.0
764		Pix9	265	271	536	19,906	18,981	19,439	38.2	37.8	38.0
765	Depressive Mood Disorders Without ECT With Axis III Diagnosis	Pix9	215	286	501	15,900	14,494	15,098	26.9	26.0	26.4
765		Pix9	215	286	501	15,900	14,494	15,098	26.9	26.0	26.4
766	Depressive Mood Disorders Without ECT Without Axis III Diagnosis	Pix9	937	975	1,912	10,305	9,838	10,067	20.5	19.9	20.2
766		Pix9	937	975	1,912	10,305	9,838	10,067	20.5	19.9	20.2
767	Depressive Mood Disorders LOS < 6 Days	Pix9	277	305	582	2,346	2,461	2,406	2.9	3.0	3.0
767		Pix9	277	305	582	2,346	2,461	2,406	2.9	3.0	3.0
768	Bipolar Mood Disorders, Manic With ECT	Pix9	21	20	41	28,295	19,754	24,129	45.9	37.1	41.6
768		Pix9	21	20	41	28,295	19,754	24,129	45.9	37.1	41.6
769	Bipolar Mood Disorders, Manic Without ECT With Axis III Diagnosis	Pix9	97	81	178	17,520	16,370	16,997	28.8	26.1	27.5
769		Pix9	97	81	178	17,520	16,370	16,997	28.8	26.1	27.5
770	Bipolar Mood Disorders, Manic Without ECT Without Axis III Diagnosis	Pix9	505	532	1,037	11,867	11,815	11,840	21.5	21.0	21.2
770		Pix9	505	532	1,037	11,867	11,815	11,840	21.5	21.0	21.2
771	Bipolar Mood Disorders LOS < 6 Days	Pix9	78	78	156	2,232	2,571	2,402	3.0	3.2	3.1
772	Dementia With Or Without Delirium With Axis III Diagnosis	Pix9	350	341	691	23,836	23,692	23,765	38.1	38.8	38.5
772		Pix9	350	341	691	23,836	23,692	23,765	38.1	38.8	38.5

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Costed Cases				Average Cost: 2004/2005 Biased	2004/2005 Biased	2003/2004 Blended	2004/2005 Biased	2003/2004 Blended	2004/2005 Biased	2003/2004 Blended	Average LOS of Costed Cases
		Ptx Level	2004/2005	2003/2004	Blended								
773 Dementia With Or Without Delirium Without Axis III Diagnosis		276	243	519	20,037	19,061	19,580	34.0	32.4	32.4	32.4	32.4	33.2
773 Organic Mental Disorders Induced By Drugs	Ptx9	276	243	519	20,037	19,061	19,580	34.0	32.4	32.4	32.4	32.4	33.2
774 Schizophrenia And Other Psychotic Disorders With ECT	Ptx9	373	317	690	5,352	6,199	5,741	8.0	9.1	9.1	9.1	9.1	8.5
775 Schizophrenia And Other Psychotic Disorders W/ O ECT	Ptx9	38	42	80	26,554	26,291	26,416	41.8	44.0	44.0	44.0	44.0	42.9
776 Diagnosis	Ptx9	252	197	449	17,830	18,143	17,967	29.7	30.8	30.8	30.8	30.8	30.2
777 Schizophrenia And Other Psychotic Disorders W/ O ECT Or Axis III Diagnosis	Ptx9	1,305	1,256	2,561	13,547	13,871	13,706	24.9	25.4	25.4	25.4	25.4	25.1
777 Dissociative Disorders	Ptx9	1,305	1,256	2,561	13,547	13,871	13,706	24.9	25.4	25.4	25.4	25.4	25.1
778 Schizophrenia And Other Psychotic Disorders LOS < 6 Days	Ptx9	249	248	497	2,390	2,343	2,366	3.0	2.9	2.9	2.9	2.9	3.0
778 Alcohol Induced Organic Mental Disorders With Axis III Diagnosis	Ptx9	160	141	301	7,754	6,813	7,313	8.9	7.8	7.8	7.8	7.8	8.4
780 Psychoactive Substance Dependence	Ptx9	160	141	301	7,754	6,813	7,313	8.9	7.8	7.8	7.8	7.8	8.4
781 Alcohol Induced Organic Mental Disorders Without Axis III Diagnosis	Ptx9	202	166	368	3,632	3,403	3,529	5.3	4.8	4.8	4.8	4.8	5.1
781 Psychoactive Substance Abuse	Ptx9	202	166	368	3,632	3,403	3,529	5.3	4.8	4.8	4.8	4.8	5.1
782 Disruptive Behaviour Disorders	Ptx9	491	398	889	5,312	6,089	5,660	7.9	9.2	9.2	9.2	9.2	8.5
782 Developmental Delay	Ptx9	491	398	889	5,312	6,089	5,660	7.9	9.2	9.2	9.2	9.2	8.5
783 Psychoactive Substance Dependence	Ptx9	423	337	760	3,482	3,323	3,411	4.6	4.6	4.6	4.6	4.6	4.6
784 Disruptive Behaviour Disorders	Ptx9	423	337	760	3,482	3,323	3,411	4.6	4.6	4.6	4.6	4.6	4.6
785 Eating Disorders	Ptx9	69	54	123	14,180	17,321	15,559	19.6	23.5	23.5	23.5	23.5	21.3
786 Developmental Delay	Ptx9	69	54	123	14,180	17,321	15,559	19.6	23.5	23.5	23.5	23.5	21.3
787 Psychoactive Substance Abuse	Ptx9	132	104	236	17,053	15,712	16,462	22.4	23.8	23.8	23.8	23.8	23.1
787 Disruptive Behaviour Disorders	Ptx9	132	104	236	17,053	15,712	16,462	22.4	23.8	23.8	23.8	23.8	23.1

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	CMG Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
788 Diagnosis	Organic Mental Disorders Associated W Physical Disorders W Axis III	Plx9	172	167	339	15,360	13,010	14,203	21.5	19.5	20.5
788	Organic Mental Disorders Associated W Physical Disorders W/O Axis III Diagnosis	Plx9	172	167	339	15,360	13,010	14,203	21.5	19.5	20.5
789	Somatoform Disorders	Plx9	152	116	268	10,208	11,415	10,730	16.2	18.0	17.0
790	Anxiety Disorders (MNRH)	Plx9	30	26	56	4,294	3,483	3,918	7.6	5.2	6.5
791	Adjustment Disorders (MNRH)	Plx9	186	167	353	6,288	7,232	6,735	10.9	11.9	11.4
792	Personality Disorders With Axis III Diagnosis (MNRH)	Plx9	47	47	94	7,433	6,854	7,144	10.8	9.3	10.0
793	Personality Disorders Without Axis III Diagnosis (MNRH)	Plx9	47	47	94	7,433	6,854	7,144	10.8	9.3	10.0
794	Sexual Dysfunction And Sexual Disorders (MNRH)	Plx9	373	340	713	3,000	2,909	2,957	3.9	3.9	3.9
795	Specific Developmental Disorders (MNRH)	Plx9	9	11	20	15,802	11,019	13,171	22.9	14.1	18.1
796	Miscellaneous Psychiatric Diagnoses (MNRH)	Plx9	9	11	20	15,802	11,019	13,171	22.9	14.1	18.1
803	Extensive Procedures For Injury Or Complication Of Treatment	Plx1	150	181	331	10,384	10,938	10,687	6.2	7.6	7.0
803	Plx2	31	30	61	16,675	17,440	17,051	10.4	10.0	10.2	
803	Plx3	31	31	62	20,735	23,639	22,187	15.8	17.0	16.4	
803	Plx4	52	83	135	79,878	70,753	74,268	45.8	38.6	41.4	
804	Non-Extensive Procedures For Injury Or Complication Of Treatment	Plx1	593	530	1,123	4,436	4,424	4,430	3.0	3.0	3.0

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Costed Cases				Average Cost				Average LOS of Costed Cases				
		Pkx Level	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
804		Pk2	56	60	116	12,383	11,703	12,031	10.1	10.6	10.4			
804		Pk3	27	31	58	18,024	14,684	16,239	15.3	12.5	13.8			
804		Pk4	37	45	82	49,514	46,214	47,703	30.0	29.4	29.7			
805	MNRH Procedures For Injury Or Complication Of Treatment	Pk1	124	137	261	4,253	4,561	4,415	3.6	3.5	3.6			
805		Pk2	109	124	233	3,595	4,008	3,815	2.9	2.9	2.9			
805		Pk3	6	5	11	12,020	10,051	11,125	10.8	10.0	10.5			
805		Pk4	7	3	10	10,077	14,179	11,308	10.7	14.7	11.9			
805		Pk1	3	4	7	62,470	32,369	45,270	69.7	23.8	43.4			
811	Allergic Reaction	Pk2	49	49	98	2,033	2,226	2,129	1.9	1.7	1.8			
811		Pk3	45	45	90	2,037	1,917	1,977	1.9	1.6	1.7			
811		Pk4	2	1	3	2,204	1,243	1,884	1.5	2.0	1.7			
811		Pk1	3	3	6	3,488	7,177	5,332	3.3	3.3	3.3			
811		Pk2	1	5		6,196	7,402		8.0	8.0				
813	Drug Reactions	Pk3	638	661	1,299	3,111	3,085	3,098	2.6	2.5	2.5			
813		Pk4	513	528	1,041	2,680	2,516	2,597	2.4	2.3	2.3			
813		Pk1	65	45	110	4,683	5,475	5,007	4.9	5.2	5.0			
813		Pk2	59	72	131	5,995	5,527	5,738	4.4	4.1	4.2			
813		Pk3	57	62	119	17,943	12,662	15,192	9.4	8.1	8.7			
818	Complications Of Treatment	Pk4	1,029	1,084	2,113	3,677	3,750	3,714	3.7	3.9	3.8			
818		Pk1	870	909	1,779	2,925	3,020	2,973	3.1	3.3	3.2			
818		Pk2	85	95	180	7,105	7,216	7,164	6.8	7.0	6.9			
818		Pk3	55	59	114	8,742	10,602	9,704	8.6	9.8	9.2			
818		Pk4	36	41	77	22,427	18,974	20,589	18.4	15.3	16.8			
823	Minor Injuries And Trauma Diagnosis	Pk1	137	113	250	3,498	3,719	3,598	2.8	2.5	2.7			
823		Pk2	117	93	210	2,803	2,427	2,637	2.3	1.9	2.2			
823		Pk3	5	8	13	4,817	6,955	6,132	5.8	6.5	6.2			
823		Pk4	10	9	19	7,929	7,308	7,635	8.1	7.3	7.7			
823		Pk1	7	8	15	21,955	26,211	24,225	10.6	11.3	10.9			
830	PWS - Extensive Burns With Skin Graft Wound Debridement Or Other	Pk2	31	20	51	77,127	67,085	73,189	32.5	30.6	31.7			
830	Burn Procedures	Pk3												

Schedule 2 – Inpatient Yearly Comparisons

CNG Code/Description	Plx Level	Costed Cases				Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	Average LOS of Costed Cases		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended		
830	Pix1	17	13	30	43,642	36,569	40,577	21.6	20.5	21.2								
830	Pix2			3							39,194							
830	Pix3																	
830	Pix4	15	8	23	128,636	280,393	181,421	56.5	89.8	68.0								
831 Extensive Burns Without Burn Procedures	Pix1	9	6	15	14,793	14,373	14,625	10.7	7.2	7.8								
831	Pix2	6	5	11	14,260	12,111	13,283	11.2	7.8	9.6								
831	Pix3			2	16,837			16,837	13.0	13.0								
831	Pix4	3	1	4	45,478	25,685	40,530	25.3	4.0	20.0								
832 PWS - Non-Extensive Burns With Skin Graft	Pix1	97	114	211	18,077	16,915	17,449	11.7	11.6	11.7								
832	Pix2	88	102	190	16,501	13,742	15,020	10.6	10.4	10.5								
832	Pix3	5	6	11	35,256	26,577	30,522	20.4	17.8	19.0								
832	Pix4	4	5	9	31,279	49,486	41,394	23.3	25.4	24.4								
832 Non-Extensive Burns With Wound Debridement Or Other Burn Procedures	Pix1	4	3	7	141,886	165,263	151,905	62.8	62.3	62.6								
833	Pix2																	
833	Pix3	2	2	5	7,315	2,716	6,075	5.5	2.0	3.8								
833	Pix4	1	2	4	4,233	2,716	4,995	2.0	2.0	2.0								
834 Non-Extensive Burns Without Burn Procedures	Pix1	88	93	181	5,828	5,179	5,494	4.7	4.0	4.4								
834	Pix2	82	89	171	5,107	4,976	5,039	4.2	4.0	4.1								
834	Pix3	2	1	5	10,507	14,294	13,554	7.5	9.0	8.0								
834	Pix4	2	4	6	25,159	10,158	15,158	28.5	9.5	15.8								
840 Other Admissions With Surgery	Pix1	462	382	844	33,729	31,258	32,610	34.3	32.8	33.6								
840	Pix2	47	47	94	33,045	35,138	34,091	36.6	46.1	41.3								
840	Pix3	43	31	74	62,603	52,068	58,189	70.8	56.1	64.7								
840	Pix4	96	71	167	95,731	92,540	94,375	88.5	83.0	86.1								

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Costed Cases				Average Cost				Average LOS of Costed Cases				
		Phx Level	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
841 Rehabilitation			1,627	1,753	3,380	26,561	25,453	25,987	40.9	40.6	40.6	40.7		
841	Phx1	952	1,044	1,996	22,885	21,934	22,388	37.0	35.9	35.9	36.4			
841	Phx2	356	359	715	30,845	29,014	29,926	44.6	44.7	44.7	44.7			
841	Phx3	174	206	380	29,022	31,335	30,276	45.8	50.8	48.5				
841	Phx4	155	163	318	42,158	43,373	42,780	58.0	62.3	60.2				
842 Signs And Symptoms			459	333	792	7,895	7,142	7,578	11.8	11.2	11.6			
842	Phx1	303	232	535	5,639	5,260	5,475	8.5	8.1	8.3				
842	Phx2	83	51	134	10,940	9,986	10,577	16.2	17.1	16.5				
842	Phx3	37	32	69	12,700	13,435	13,041	19.9	20.1	20.0				
842	Phx4	34	14	48	22,319	20,476	21,782	29.5	26.7	28.7				
846 Aftercare Following Surgery Or Treatment			2,604	1,777	4,381	1,403	1,410	1,406	1.2	1.2	1.3	1.3		
846	Phx1	2,553	1,755	4,308	1,380	1,396	1,386	1.2	1.2	1.3	1.2			
846	Phx2	53	25	78	3,489	6,421	4,435	3.3	3.3	5.5	4.0			
846	Phx3	3	9	12	7,364	6,475	6,697	6.3	6.7	6.6				
846	Phx4	2	2	5	14,431	14,525	12,755	7.5	13.0	10.3				
847 Other Specified Aftercare			612	516	1,128	11,822	12,401	12,087	14.8	15.8	15.2			
847	Phx1	538	449	987	11,416	11,706	11,548	14.2	15.0	14.6				
847	Phx2	46	29	75	10,130	17,545	12,997	13.5	22.1	16.9				
847	Phx3	14	18	32	12,212	15,861	14,265	15.1	18.4	17.0				
847	Phx4	10	19	29	25,743	17,842	20,567	27.3	20.2	22.7				
849 Multiple Or Unspecified Congenital Anomalies			3	7	10	2,320	14,543	10,876	2.0	8.4	6.5			
849	Phx1	3	3	6	2,320	5,315	3,818	2.0	2.0	2.0	2.0			
849	Phx2		2	2		25,489	25,489			12.0	12.0			
849	Phx3		1	2		1,225	6,700			1.0	1.0			
849	Phx4													
850 Perinatal Conditions Age > 28 Days			87	67	154	21,331	20,923	21,153	20.9	21.0	20.9			
850	Phx1	53	29	82	21,091	16,117	19,332	21.6	19.0	20.7				
850	Phx2	6	9	15	23,356	22,625	22,918	22.8	22.2	22.5				
850	Phx3	22	21	43	14,941	18,558	16,708	15.3	19.5	17.3				
850	Phx4	10	8	18	77,802	42,640	62,174	52.3	31.0	42.8				

Schedule 2 – Inpatient Yearly Comparisons

CMG Code:	Description	Px Level	Costed Cases				Average Cost Blended	Average LOS of Costed Cases			
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
851	Other Factors Causing Hospitalization	Px1	225	251	476	3,459	3,507	3,485	4.1	3.6	3.9
851		Px1	211	232	443	3,101	3,287	3,198	3.6	3.2	3.4
851		Px2	9	13	22	5,792	4,883	5,255	7.7	7.3	7.5
851		Px3	3	4	7	33,292	6,157	9,215	20.3	7.0	12.7
851		Px4	1	1	5	8,974	6,001	10,206	7.0	3.0	5.0
852	Procedures Cancelled (MNRH)	Px1	518	516	1,034	476	457	466	1.0	1.0	1.0
852		Px1	511	504	1,015	471	448	460	1.0	1.0	1.0
852		Px2	5	9	14	765	746	753	1.0	1.0	1.0
852		Px3	2	3	5	1,101	1,028	1,057	1.0	1.0	1.0
852		Px4									
860	Respiratory Tract Disorders With HIV	Px9	45	41	86	10,456	10,250	10,358	8.5	10.0	9.2
860		Px9	45	41	86	10,456	10,250	10,358	8.5	10.0	9.2
861	CNS Infection With HIV	Px9	7	2	9	14,344	8,873	13,128	15.4	10.5	14.3
861		Px9	7	2	9	14,344	8,873	13,128	15.4	10.5	14.3
862	GI And Hepatobiliary Disorders With HIV	Px9	6	11	17	9,305	5,528	6,861	12.3	7.5	9.2
862		Px9	6	11	17	9,305	5,528	6,861	12.3	7.5	9.2
863	Ophthalmic Disorders With HIV	Px9	2	6	8	22,920	15,365	14,754	19.5	13.5	15.0
863		Px9	2	6	8	22,920	15,365	14,754	19.5	13.5	15.0
864	Blood Infections With HIV	Px9	2	5	7	4,272	15,380	12,206	7.0	24.8	19.7
864		Px9	2	5	7	4,272	15,380	12,206	7.0	24.8	19.7
865	Lymphoma With HIV	Px9	1	1	3	3,428	29,760	4,0			
865		Px9	1	1	3	3,428	29,760	4,0			
866	Psychosocial Conditions With HIV	Px9	2	4	6	73,923	17,927	36,592	90.0	24.0	46.0
866		Px9	2	4	6	73,923	17,927	36,592	90.0	24.0	46.0
867	Other Conditions Associated With HIV	Px9	1	1	5	13,813	16,766	14,379	11.0	23.0	17.0
867		Px9	1	1	5	13,813	16,766	14,379	11.0	23.0	17.0
868	Miscellaneous Conditions With HIV	Px9	23	25	48	10,776	12,252	11,545	11.9	11.2	11.5
868		Px9	23	25	48	10,776	12,252	11,545	11.9	11.2	11.5
880	Amputation Of Lower Limb Except Toe With Major Vascular Surgery	Px1	38	44	82	33,189	30,756	31,884	28.7	24.3	26.3
880		Px1	19	12	31	21,007	13,457	18,084	18.4	11.4	15.7

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Costed Cases				Average Cost				Average LOS of Costed Cases				
		Phx Level	2004/2005	2003/2004	Blaended	2004/2005	2003/2004	Blaended	2004/2005	2003/2004	Blaended	2004/2005	2003/2004	Blaended
880		Pk2	2	9	11	17,316	20,760	20,133	15.5	17.3	17.0			
880		Pk3	5	7	12	24,825	28,916	27,212	16.8	22.4	20.1			
880		Pk4	12	17	29	62,786	54,257	57,787	58.5	43.1	49.4			
881	Amputation Of Lower Limb Except Toe		201	231	432	21,283	18,207	19,638	21.9	18.9	20.3			
881		Pk1	89	101	190	11,601	9,882	10,687	11.9	11.0	11.4			
881		Pk2	36	49	85	21,688	16,576	18,741	19.7	16.8	18.0			
881		Pk3	32	31	63	22,212	22,008	22,111	25.1	25.9	25.5			
881		Pk4	44	56	100	48,995	45,076	46,800	51.5	45.7	48.3			
882	Wound Debridement Or Other Amputation With Major Vascular Surgery		11	8	19	27,372	24,934	26,346	24.3	22.5	23.5			
882		Pk1	3	3	6	17,866	12,690	15,278	20.0	9.7	14.8			
882		Pk2	3	1	5	21,461	24,206	20,121	18.3	32.0	21.8			
882		Pk3	1	3	5	18,271	29,774	24,403	12.0	29.0	24.8			
882		Pk4	4	2	6	41,211	60,608	47,676	35.0	59.5	43.2			
883	Wound Debridement And Grafting Other Than Hand		20	26	46	20,424	17,599	18,827	20.0	18.0	18.8			
883		Pk1	13	16	29	13,050	13,136	13,098	12.9	14.0	13.5			
883		Pk2	4	2	6	19,439	6,353	15,077	23.8	5.5	17.7			
883		Pk3	4	5	5	16,373	16,709					19.3	19.3	
883		Pk4	5	4	9	72,024	86,963	78,664	65.2	46.5	56.9			
884	Other Amputations Including Toe		44	43	87	14,181	11,064	12,640	15.5	11.4	13.5			
884		Pk1	26	23	49	7,759	6,256	7,054	8.8	6.7	7.8			
884		Pk2	7	9	16	19,849	8,914	13,698	17.9	10.3	13.6			
884		Pk3	6	8	14	15,431	21,640	18,979	20.3	28.0	24.7			
884		Pk4	4	5	9	39,925	32,327	35,704	41.8	29.8	35.1			
885	PWS - Aortic Replacement		183	196	379	19,683	18,611	19,128	8.7	8.8	8.7			
885		Pk1	115	116	231	15,985	14,746	15,363	6.8	6.9	6.8			
885		Pk2	19	31	50	22,320	19,804	20,760	11.1	10.6	10.8			
885		Pk3	26	22	48	24,623	22,666	23,726	12.8	12.1	12.5			
885		Pk4	31	36	67	41,020	39,195	40,039	17.3	17.7	17.5			
887	Vascular Bypass Surgery		258	300	558	14,461	15,262	14,892	8.4	9.1	8.8			

Schedule 2 – Inpatient Yearly Comparisons

CM ³ Code Description	Px Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
887	Px1	181	190	371	12,047	11,803	11,922	6.9	7.2	7.1			
887	Px2	28	43	71	16,702	14,694	15,486	11.3	10.5	10.8			
887	Px3	30	39	69	17,665	19,529	18,719	11.1	12.2	11.7			
887	Px4	26	34	60	40,440	40,507	40,478	21.3	20.3	20.7			
890 Other Thoraco-Abdominal Procedures													
890	Px1	18	22	40	8,507	10,528	9,619	5.2	7.1	6.3			
890	Px2	6	4	10	13,832	10,493	12,496	11.8	5.8	9.4			
890	Px3	7	7	14	17,079	13,595	15,337	16.1	11.0	13.6			
890	Px4	9	13	22	27,869	60,789	47,322	15.0	30.6	24.2			
891 Vascular Repair													
891	Px1	104	108	212	9,202	7,519	8,344	4.1	3.9	4.0			
891	Px2	7	17	24	16,619	11,570	13,043	14.1	7.6	9.5			
891	Px3	13	13	26	16,874	11,759	14,317	9.2	7.5	8.3			
891	Px4	14	17	31	48,669	41,928	44,972	25.7	21.2	23.2			
892 Other Vascular Procedures													
892	Px1	52	63	115	7,887	6,599	7,182	4.8	4.0	4.3			
892	Px2	9	7	16	11,021	13,405	12,064	8.4	10.4	9.3			
892	Px3	6	4	10	19,091	8,043	14,672	11.3	4.8	8.7			
892	Px4	1	2	5	58,271	27,694	44,994	46.0	25.5	32.3			
893 Vein Ligation And Stripping (MNRH)													
893	Px1	24	25	49	1,934	2,120	2,029	1.0	1.0	1.0			
893	Px2							2	1,800				
893	Px3												
893	Px4												
895 Deep Vein Thrombophlebitis													
895	Px1	162	168	330	4,856	5,108	4,984	6.7	6.9	6.8			
895	Px2	47	56	103	4,219	4,259	4,239	5.8	5.9	5.9			
895	Px3	31	22	53	5,689	5,162	5,402	7.7	7.1	7.3			
895	Px4	4	10	14	37,270	12,503	19,579	37.0	15.6	21.7			
898 Peripheral Vascular Disease													
898	Px1	158	194	352	5,427	5,453	5,441	5.4	5.5	5.5			

Schedule 2 – Inpatient Yearly Comparisons

CMG Code Description	Px Level	Costed Cases				Average Cost				Average LOS of Costed Cases
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	
898	Px1	114	137	251	4,465	4,135	4,285	4.5	4.3	4.4
898	Px2	30	29	59	7,328	6,720	7,029	8.8	6.8	7.8
898	Px3	15	20	35	11,176	11,012	11,082	12.1	14.5	13.5
898	Px4	8	13	21	24,739	15,014	18,719	22.9	14.2	17.5
900 Extensive Unrelated O.R. Procedures										
900	Px1	106	111	217	16,954	15,118	16,015	8.9	7.1	8.0
900	Px2	30	35	65	22,757	23,050	22,915	18.2	22.9	20.8
900	Px3	34	44	78	32,948	25,911	28,978	26.6	24.5	25.4
900	Px4	119	110	229	51,665	54,784	53,163	34.5	36.5	35.5
901 Non-Extensive Unrelated O.R. Procedures										
901	Px1	412	451	863	7,546	7,616	7,583	5.9	6.2	6.1
901	Px2	72	96	168	16,044	13,463	14,569	16.0	13.4	14.5
901	Px3	94	99	193	21,464	19,976	20,701	19.6	20.1	19.9
901	Px4	172	194	366	45,869	45,185	45,506	29.3	32.2	30.8
902 Post-Operative Complications With Unrelated O.R. Procedures										
902	Px1	42	37	79	7,983	5,490	6,815	5.3	3.5	4.4
902	Px2	12	16	28	17,449	18,127	17,836	14.5	14.1	14.3
902	Px3	9	6	15	21,201	19,207	20,403	18.2	18.8	18.5
902	Px4	11	24	35	49,245	41,734	44,094	25.8	24.8	25.1
906 Unrelated O.R. Procedures (MNRH)										
906	Px1	87	109	196	7,849	6,074	6,862	7.1	5.2	6.1
906	Px2	13	21	34	13,646	17,852	16,244	17.1	21.7	19.9
906	Px3	14	13	27	26,886	15,264	21,290	26.6	19.3	23.1
906	Px4	19	16	35	28,798	31,562	30,061	22.4	28.3	25.1
908 Other Major Procedures For Gynecological Malignancy										
908	Px1	18	13	31	5,513	4,358	5,029	3.9	2.9	3.5
908	Px2	1	1	3	8,228	17,684	11,480	5.0	16.0	10.5
908	Px3									
908	Px4									

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Costed Cases				Average Cost				Blended	Average LOS of Costed Cases
		Ptx Level	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended			
909	Obsolete Psychiatric Diagnoses (MNRH)		155	180	335	6,742	6,150	6,424	11.2	10.5	10.9
909		Ptx9	155	180	335	6,742	6,150	6,424	11.2	10.5	10.9
910	Diagnosis Not Generally Hospitalized		78	84	162	2,518	2,566	2,543	1.7	1.5	1.6
910		Ptx9	78	84	162	2,518	2,566	2,543	1.7	1.5	1.6
912	Obstetric Codes Invalid As Most Responsible Diagnosis		5	10	15	1,736	1,909	1,851	1.6	1.9	1.8
912		Ptx9	5	10	15	1,736	1,909	1,851	1.6	1.9	1.8
996	Cadaveric Donor Organ and Tissue Retrieval										
996		Ptx9									
997	Stillbirths										
997		Ptx9									
998	Newborn With Catastrophic Diagnosis LOS < 6 Days		5	3	8	4,421	917	3,107	3.4	1.7	2.8
998		Ptx9	5	3	8	4,421	917	3,107	3.4	1.7	2.8
999	Ungroupable Data		20	24	44	2,782	1,819	2,257	2.3	2.3	2.3
999		Ptx9	20	24	44	2,782	1,819	2,257	2.3	2.3	2.3

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2004/2005		Standard Deviation	Trim Point
					Costed Cases	Blended Gases		
001 PWS Craniotomy Procedures								
001	Phx1	2.2455	1,168	1,043	2,095	15,379	0.72	14,121
001	Phx2	1.7580	889	826	1,655	12,704	0.58	7,386
001	Phx3	2.7451	98	92	193	19,874	0.63	12,590
001	Phx4	3.5794	63	59	124	25,834	0.69	17,904
001	Phx5	8.0496	118	115	228	57,674	0.59	34,333
003 PWS Spinal Procedures	Phx1	1.5637	154	123	272	10,673	0.80	8,501
003	Phx2	1.2624	122	104	224	9,112	0.74	6,764
003	Phx3	2.2942	16	15	28	16,186	0.58	9,334
003	Phx4	2.9436	4	4	18	22,060	0.68	15,091
003	Phx5	6.2927	12	12	19	43,562	0.65	28,229
004 PWS Extracranial Vascular Procedures								
004	Phx1	0.9280	313	223	521	6,964	0.48	3,342
004	Phx2	2.1820	26	22	35	14,987	0.57	8,609
004	Phx3	2.0596	10	10	24	14,588	0.51	7,512
004	Phx4	4.3196	11	10	23	30,458	0.76	23,210
005 PWS Ventricular Shunt Revision	Phx1	0.8772	80	75	161	6,207	0.48	2,993
005	Phx2	0.8099	75	72	150	6,105	0.48	2,935
005	Phx3	1.4760	3	3	9	11,230	0.61	6,831
005	Phx4	0.8352	2	1	5	6,887	0.39	2,672
005	Phx5	Phx4	0.8471	116	85	167	5,898	0.67
006 Carpal Tunnel Release And Specified Nervous System Procedures	Phx1	0.7507	106	82	157	5,676	0.67	3,795
006	Phx2	0.8849	2	1	5	6,462	0.39	2,490
006	Phx3	2.9091	3	3	5	19,673	0.39	7,631
006	Phx4	8.8596	5	5	8	64,909	1.17	75,998
007 Peripheral, Cranial Nerve And Other Neurological Procedures	Phx1	1.5712	30	25	44	11,574	0.57	6,558
007	Phx2	2.6265	2	2	6	19,756	0.41	8,189
007	Phx3	4.1746	1	3	3	28,272	0.60	16,894
007	Phx4	6.3475	11	11	21	45,172	0.60	26,941

Schedule 3 – Inpatient Statistical Background

CMG Code Description	Complexity Level	SWRV	Activity	2004/2005		Blended	
				Costed Cases	Average Cost of Variation	Coefficient of Variation	Standard Deviation
010 Neoplasm Of Nervous System							
010	Ptx1	1.2543	442	249	502	8,308	0.88
010	Ptx2	0.9254	321	178	344	6,489	0.82
010	Ptx3	1.4050	68	37	92	9,590	0.77
010	Ptx4	2.1978	36	23	45	15,774	0.77
010	Ptx1	3.1924	17	7	19	22,975	0.90
010	Ptx2	1.9886	406	165	307	12,388	1.03
011	Ptx1	1.3706	325	124	226	9,101	0.93
011	Ptx2	2.9639	48	18	33	19,620	0.69
011	Ptx3	2.8160	20	14	31	19,486	0.95
011	Ptx4	5.4766	13	9	22	36,647	0.62
012	Multiple Sclerosis And Cerebellar Disorders						
012	Ptx1	1.0570	264	116	217	6,732	0.90
012	Ptx2	0.8230	231	99	187	5,629	0.79
012	Ptx3	2.3875	19	9	19	16,177	0.83
012	Ptx4	3.2443	10	8	13	21,103	0.70
012	Ptx1	4.3128	4	1	5	28,533	0.76
013	Specific Cerebrovascular Disorders Except Transient Ischemic Attacks						
013	Ptx1	1.3119	2,689	1,713	3,310	8,524	0.98
013	Ptx2	0.8769	1,981	1,272	2,437	6,095	0.79
013	Ptx3	2.1345	330	183	381	14,258	0.76
013	Ptx4	2.3420	214	138	262	16,042	0.85
013	Ptx1	3.8563	164	129	267	26,352	0.91
013	Ptx2	0.5976	1,196	571	1,112	3,953	0.83
013	Ptx3	1.1867	79	32	67	7,972	0.82
013	Ptx4	1.9576	26	16	39	13,833	0.65
014	Transient Ischemic Attacks And Precerebral Occlusions						
014	Ptx1	0.5086	1,078	521	1,010	3,551	0.75
014	Ptx2	1.0332	127	77	156	6,699	1.08
014	Ptx3	1.1217	8	6	11	7,900	0.74
014	Ptx4	3.9416	6	4	12	26,087	0.59
015	Nonspecific Cerebrovascular Disorders						
015	Ptx1	1.1525	16	11	16	8,104	0.77
015	Ptx2	1.0780	127	77	156	6,699	1.08
015	Ptx3	1.1217	8	6	11	7,900	0.74
015	Ptx4	3.9416	6	4	12	26,087	0.59

Schedule 3 – Inpatient Statistical Background

CMG Code Description	Complexity Level	2004/2005		2004/2005		Blended Costed Cases	Average Cost of Variation	Coefficient of Variation	Standard Deviation	Trim Point
		SWRV	Activity	Costed Cases	Costed Cases					
017 Cranial And Peripheral Nerve Diseases		0.9693	366	179	336	6,257	0.93	5,846	30	
017	Ptx1	0.7499	291	145	270	5,193	0.78	4,038	23	
017	Ptx2	1.4567	34	14	28	9,980	0.84	8,420	52	
017	Ptx3	1.3412	29	16	26	9,693	0.71	6,919	47	
017	Ptx4	6.4716	12	8	18	44,403	0.93	41,261	154	
018 Viral Meningitis		0.3704	153	90	189	2,245	0.61	1,361	8	
018	Ptx1	0.3335	148	87	184	2,202	0.60	1,324	8	
018	Ptx2	1.1083	2	2	5	7,583	0.88	6,659	15	
018	Ptx3	0.7075	2	1	5	4,805	0.59	2,813	27	
018	Ptx4	0.4809	1	1	1	3,078				5
019 Infection Except Viral Meningitis		1.1918	268	172	354	8,053	1.07	8,618	27	
019	Ptx1	0.7375	211	132	262	5,309	0.85	4,532	18	
019	Ptx2	1.4787	27	19	32	11,328	0.77	8,732	34	
019	Ptx3	2.1712	13	9	27	14,666	0.90	13,147	42	
019	Ptx4	4.0287	17	13	36	29,508	0.64	18,937	68	
020 Hypertensive Encephalopathy		2.2038	16	8	14	13,826	0.98	13,546	37	
020	Ptx1	0.6217	9	4	8	4,170	0.76	3,179	17	
020	Ptx2	2.7047	4	2	3	19,256	0.53	10,154	40	
020	Ptx3									4
020	Ptx4	5.5348	3	2	2	35,866	0.12	4,234	24	
021 Non-Traumatic Stupor And Coma		0.8409	164	90	166	5,348	0.79	4,229	16	
021	Ptx1	0.6502	125	63	109	4,445	0.71	3,148	13	
021	Ptx2	0.8191	22	14	28	5,653	0.72	4,055	21	
021	Ptx3	1.1786	10	7	17	8,304	0.57	4,757	28	
021	Ptx4	1.6853	7	7	14	11,522	0.93	10,725	30	
022 Seizure And Headache		0.5049	2,678	1,116	2,174	3,399	0.91	3,109	10	
022	Ptx1	0.4415	2,428	1,021	1,988	3,192	0.87	2,787	10	
022	Ptx2	1.0092	139	68	116	7,212	0.94	6,787	23	
022	Ptx3	1.1383	74	45	95	8,107	0.93	7,526	27	
022	Ptx4	3.3003	37	30	55	24,017	0.83	19,821	51	

Schedule 3 – Inpatient Statistical Background

CMG	Code Description	Complexity Level	SWRV	Activity	2004/2005		Blended Costed Cases	Average Cost of Variation	Coefficient of Variation	Standard Deviation	Trim Point
					Costed	Cased					
028 Other Nervous System Diagnoses											
028			Ptx1	0.7027	567	305	594	4,816	0.85	4,083	26
028			Ptx2	1.3311	80	47	87	8,841	0.85	7,481	42
028			Ptx3	1.7980	35	25	51	11,834	0.74	8,813	53
028			Ptx4	3.1435	53	42	86	21,137	0.78	16,390	51
040 Tracheostomy And Gastrostomy Procedures											
040			Ptx1	4.5714	55	44	81	31,954	0.62	19,869	105
040			Ptx2	4.6357	9	8	13	32,951	0.62	20,487	109
040			Ptx3	5.8690	37	32	62	39,790	0.53	20,986	122
040			Ptx4	14.6886	173	149	343	102,157	0.71	72,177	177
050 Orbital Procedures											
050			Ptx1	0.3969	347	314	689	2,301	0.46	1,070	4
050			Ptx2	0.3663	339	310	682	2,296	0.47	1,071	4
050			Ptx3	1.0463	1	1	5	6,580	0.83	5,457	18
050			Ptx4	3.0450	2	1	5	22,030	1.00	21,976	47
051 Other Intraocular Procedures											
051			Ptx1	0.4160	113	92	206	2,447	0.54	1,311	4
051			Ptx2	0.3866	108	89	202	2,445	0.53	1,308	4
051			Ptx3	0.6748	5	5	7	4,307	0.59	2,562	12
051			Ptx4							2	
052 Retinal Procedures											
052			Ptx1	0.3591	1,316	1,186	2,258	2,086	0.32	666	1
052			Ptx2	0.3335	1,308	1,182	2,251	2,086	0.32	667	1
052			Ptx3	0.4788	5	4	9	2,962	0.68	2,023	9
052			Ptx4	2.5105	1	1	1	16,509	0.21	677	7
053 Iris And Lens Procedures											
053			Ptx1	0.4487	19	15	21	2,672	0.50	1,330	4
053			Ptx2							2	
053			Ptx3	1.6120				1	9,574	7	
053			Ptx4								

Schedule 3 – Inpatient Statistical Background

CMIG Code: Description	Complexity Level	SWRY	Activity	Blended		Average Cost of Variation	Coefficient of Variation	Standard Deviation	Trim Point
				Castled	Coasted				
2004/2005									
054 Extracocular Procedures		0.3589	32	26	55	2,161	0.40	865	4
054	Pkx1	0.3239	31	23	47	2,116	0.42	894	2
054	Pkx2	1.7422	1	1	1	11,152			5
054	Pkx3	2.6894			2	17,463	0.17	2,936	20
054	Pkx4	4.8399			1	28,863			13
055 Lens Insertion (MNRH)		0.5211	283	245	385	3,069	0.30	907	1
055	Pkx1	0.4799	278	241	381	3,074	0.29	906	1
055	Pkx2	0.4498	3	3	3	2,907	0.09	273	3
055	Pkx3	0.4173	2	2	3	2,749	0.50	1,363	1
055	Pkx4								
057 Other Ophthalmic Procedures (MNRH)		0.2698	60	48	99	1,649	0.41	676	1
057	Pkx1	0.2454	59	47	98	1,635	0.41	666	1
057	Pkx2	0.3678	1	1	3	2,713	0.10	260	2
057	Pkx3	0.4539			2	2,898	0.41	1,187	4
057	Pkx4								
060 Major Eye Infections		0.7836	101	62	114	4,970	0.72	3,581	14
060	Pkx1	0.7016	92	57	106	4,734	0.71	3,348	13
060	Pkx2	0.9691	4	3	5	7,145	0.81	5,763	23
060	Pkx3	2.3897	5	4	5	16,650	0.71	11,808	124
060	Pkx4								12
062 Hyphema		0.3344	14	4	8	2,285	0.62	1,406	7
062	Pkx1	0.3057	13	4	8	2,285	0.62	1,406	7
062	Pkx2								22
062	Pkx3								
062	Pkx4								
063 Other Ophthalmic Diagnoses (MNRH)		0.4717	186	100	218	3,113	0.81	2,522	10
063	Pkx1	0.4181	170	94	203	2,960	0.81	2,409	10
063	Pkx2	1.1796	13	7	16	7,878	0.86	6,767	33
063	Pkx3	1.1537	1	1	5	8,022	0.78	6,223	19
063	Pkx4	3.0481	2	1	4	20,857	0.90	18,777	35

Schedule 3 -- Inpatient Statistical Background

CMG Code Description	Complexity Level	SWRV	Activity	2004/2005				Blended Costed Cases	Average Cost of Variation	Coefficient of Variation	Standard Deviation	Trim Point
				Dusted	Casted	Cases	151					
075 PWS - Radical Laryngectomy And Glossectomy			Ptx1	4.9765	47	47	94	35,426	0.28	9,977	34	
075			Ptx2	6.9267	8	7	15	49,539	0.31	15,598	54	
075			Ptx3	7.4425	6	6	16	51,959	0.43	22,494	72	
075			Ptx4	8.5495	18	18	32	61,335	0.46	27,929	79	
076 PWS - Major Head And Neck Procedures			Ptx1	2.2703	189	176	339	14,943	1.12	16,713	34	
076			Ptx2	1.3472	160	146	267	9,427	1.10	10,407	20	
076			Ptx3	3.5851	7	7	18	24,873	0.58	14,527	42	
076			Ptx4	4.1253	7	7	16	28,870	0.75	21,509	29	
076			Ptx1	7.2268	15	15	36	54,022	0.54	29,017	68	
077 Less Extensive Head And Neck Procedures			Ptx1	0.5111	264	188	399	3,195	0.63	1,998	4	
077			Ptx2	0.4666	246	185	392	3,143	0.63	1,970	4	
077			Ptx3	1.8215	5	5	7	13,074	1.16	15,176	30	
077			Ptx4	1.2211	4	2	5	8,683	0.51	4,471	18	
077			Ptx1	3.2877	9	7	8	23,684	0.55	13,038	66	
078 Cleft Lip And Palate Repair			Ptx2	0.6820	165	112	217	4,688	0.35	1,622	2	
078			Ptx3	0.5993	163	110	215	4,611	0.31	1,407	2	
078			Ptx4	1.6369	2	2	5	12,577	0.33	4,167	10	
078			Ptx1	0.6820	165	112	217	4,688	0.35	1,622	2	
081 Salivary Gland Procedures			Ptx2	1.6369	2	2	5	12,577	0.33	4,167	10	
081			Ptx3	1.1222	1	1	2	7,885	0.57	4,457	6	
081			Ptx4	3.7912			2	23,538	1.18	27,889	59	
081			Ptx1	0.3847	54	35	80	2,569	0.45	1,157	4	
082 Minor Ear, Nose And Throat Procedures			Ptx2	0.3560	52	34	79	2,556	0.45	1,159	4	
082			Ptx3	0.8061	1	1	2	5,496	0.49	2,714	310	
082			Ptx4	3.6073	1	1	1	23,091			23	
082			Ptx1	3.7912			2	23,538	1.18	27,889	59	

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRY	Activity	2004/2005		Blended Costed	Average Cases	Coefficient of Variation	Standard Deviation	Trim Point
					Costed	Cases					
083 Reconstructive ENT Procedures											
083		Px1	1.0425	412	391	791	6,290	0.48	2,995	5	
083		Px2	0.9829	405	387	783	6,267	0.48	2,978	5	
083		Px3	1.4062	3	3	6	9,321	0.47	4,392	8	
083		Px4	2.1207	4	4	5	14,313	0.62	8,833	11	
083		Px1	3.1491			2	22,174	0.36	8,024	8	
084 Miscellaneous Ear, Nose And Throat Procedures											
084		Px1	0.7221	130	94	190	4,699	0.83	3,902	10	
084		Px2	0.6466	122	90	182	4,527	0.79	3,570	10	
084		Px3	1.9175	1	1	6	13,072	1.09	14,286	35	
084		Px4	1.4817	3	3	5	11,305	0.84	9,547	47	
084		Px1	4.0316	4	4	5	29,029	0.81	23,487	48	
085	Mastoid Procedures				1.4467	190	125	312	9,882	1.30	12,891
085		Px1	0.9316	186	112	252	7,111	1.31	9,298	1	
085		Px2	2.2246	3	2	7	15,025	2.11	31,659	10	
085		Px3	4.7758	1	1	5	32,734	0.93	30,580	36	
085		Px4									28
086 Other Tonsillar Procedures											
086		Px1	0.4509	52	31	55	3,144	0.72	2,266	7	
086		Px2	0.4117	52	31	52	3,133	0.72	2,262	7	
086		Px3	0.2295			1	1,575				4
086		Px4	0.2660			1	1,826				1
087 Sinus Procedures											
087		Px1	0.4104	106	43	83	2,487	0.34	842	1	
087		Px2	0.3845	102	42	81	2,493	0.34	848	1	
087		Px3	2.1968	2	1	2	15,364	0.12	1,832	11	
087		Px4	0.9846	2	2	5	6,992	0.86	6,038	13	
087		Px1	1.2405			2	8,701	0.08	722	8	
088 Ethmoidectomy (MNRH)											
088		Px1	0.3966	404	299	555	2,326	0.28	652	1	
088		Px2	0.3712	399	297	553	2,324	0.28	652	1	
088		Px3	0.5670	2	1	3	3,535	0.35	1,225	10	
088		Px4	0.6548	3	3	3	4,192	0.38	1,606	12	
088		Px1									50

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRY	Activity	2004/2005		Blended		Standard Deviation	Trim Point
					Costed Cases	Avg. Cost	Costed Cases	Avg. Coefficient of Variation		
089	Dental Extraction Or Restoration (MNRH)			Ptx1	0.3825	212	154	301	2,527	0.54
089				Ptx2	0.3510	205	149	293	2,498	0.54
089				Ptx3	0.5511	4	4	8	4,038	0.50
089				Ptx4	0.5919	2	1	3	4,639	0.47
089				Ptx4	2.3734	1	1	2	16,734	0.78
090	External And Middle Ear Procedures (MNRH)			Ptx1	0.3663	139	96	196	2,304	0.59
090				Ptx1	0.3419	136	96	195	2,300	0.59
090				Ptx2	1.0206	2	1	1	7,590	1,366
090				Ptx3	0.6559	1	1	2	6,383	0.74
090				Ptx4					4,754	3
091	Nasal Procedures (MNRH)			Ptx1	0.3226	180	77	147	1,973	0.47
091				Ptx1	0.3008	178	76	146	1,976	0.47
091				Ptx2	1.6744	2	2	4	11,728	1.11
091				Ptx3					13,069	18
091				Ptx4						9
092	Mycrotonomy (MNRH)			Ptx1	0.3534	36	21	45	2,394	0.80
092				Ptx1	0.3072	32	19	41	2,252	0.80
092				Ptx2	0.6992	1	1	4	4,884	0.43
092				Ptx3	0.6390	3	3	5	5,025	0.68
092				Ptx4					3,439	10
092				Ptx4						6
093	Tonsillectomy And Adenoideectomy Procedures (MNRH)			Ptx1	0.2803	1,458	297	631	1,995	0.41
093				Ptx1	0.2567	1,446	295	623	1,985	0.40
093				Ptx2	1.4502	10	7	13	10,938	0.86
093				Ptx3	0.4833	2	1	4	3,777	0.34
093				Ptx4	3.9985			3	30,889	0.73
093				Ptx4	1.5308	92	50	97	10,195	1.20
100	ENT Malignancy			Ptx1	0.9410	63	32	62	6,646	0.98
100				Ptx2	1.6328	15	9	17	11,845	0.80
100				Ptx3	2.5286	9	6	12	17,897	0.85
100				Ptx4	4.8026	5	2	5	33,571	1.10
100				Ptx4					36,868	117

Schedule 3 – Inpatient Statistical Background

CMA Code Description	Complexity Level	SWIV	Activity	2004 / 2005			Standard Deviation	Trim Point
				Custod. Cases	Blended Costed Costs	Average Coefficient Cost of Variation		
101 Acute Suppurative Infections	0.4054	69	27	46	2,856	0.75	2,140	11
101	Px1	0.3737	66	27	2,856	0.75	2,140	11
101	Px2	0.3370	1	1	2,244			8
101	Px3		2					4
101	Px4							12
102 Dysequilibrium	0.4329	960	234	489	2,634	0.73	1,933	13
102	Px1	0.3626	919	213	447	2,381	0.67	1,592
102	Px2	0.6267	31	10	21	4,143	0.67	2,788
102	Px3	0.8403	8	3	5	5,691	0.74	4,240
102	Px4	0.7850	2	2	2	5,507	0.72	3,966
104 Influenza	0.5070	751	182	410	3,373	0.86	2,894	10
104	Px1	0.4516	703	165	369	3,271	0.86	2,811
104	Px2	0.6972	29	12	25	5,324	0.90	4,778
104	Px3	0.8103	15	8	19	5,536	0.99	5,454
104	Px4	5.3073	4	2	7	34,632	0.89	30,823
107 Epiglottitis	0.7565	29	20	47	4,722	0.78	3,687	10
107	Px1	0.6108	27	19	40	4,133	0.75	3,121
107	Px2	0.7258	1	1	5	4,679	1.02	4,785
107	Px3	1.2644		2	8,322	0.92	7,619	4
107	Px4	2.4051	1	5	16,147	0.47	7,624	17
108 Epistaxis	0.3957	297	90	185	2,493	0.70	1,744	10
108	Px1	0.3461	281	84	169	2,349	0.67	1,578
108	Px2	0.5012	9	3	10	3,420	0.50	1,713
108	Px3	1.1637	6	3	7	7,953	0.56	4,461
108	Px4	0.9790	1	1	5	6,489	0.70	4,536
109 Other ENT Infections	0.4622	338	86	158	3,110	0.71	2,214	10
109	Px1	0.4046	319	76	143	2,904	0.64	1,872
109	Px2	0.63681	9	5	9	5,197	0.89	4,632
109	Px3	0.63345	6	5	6	4,885	0.55	2,682
109	Px4	2.2505	4	3	4	18,567	0.71	13,112

Schedule 3 -- Inpatient Statistical Background

CHG Code Description	Complexity Level	SWRV	Activity	2004/2005			Blended		
				Costed Cases	Cases	Average Cost of Variation	Coefficient of Variation	Standard Deviation	Trim Point
113 Sinusitis (MNRH)		0.4414	130	38	70	2,766	0.66	1,817	8
113	Pk1	0.3530	123	36	62	2,567	0.68	1,736	8
113	Pk2	0.6495	7	2	7	4,731	0.48	2,275	17
113	Pk3	0.4516		1	4,241				4
113	Pk4	0.8998		2	5,714	0.28	1,599	47	
114 Sore Throat (MNRH)		0.3576	883	193	320	2,328	0.89	2,080	7
114	Pk1	0.3164	861	184	308	2,256	0.90	2,033	7
114	Pk2	0.5271	17	8	9	3,614	0.70	2,531	12
114	Pk3	0.8868	3	1	5	5,899	0.60	3,563	11
114	Pk4	1.6021	2	1	1	10,669			18
115 Miscellaneous ENT Diagnoses (MNRH)		0.2604	1,374	100	197	1,760	0.86	1,519	1
115	Pk1	0.2377	1,319	91	181	1,723	0.89	1,541	1
115	Pk2	1.1535	26	22	45	8,189	0.82	6,753	26
115	Pk3	1.1437	22	18	24	7,717	1.05	8,139	24
115	Pk4	2.8276	7	5	14	19,508	0.95	18,534	40
116 Croup (MNRH)		0.2665	340	99	267	1,839	0.75	1,386	4
116	Pk1	0.2382	337	98	263	1,815	0.73	1,334	4
116	Pk2	0.3516	1	1	5	2,986	1.04	3,113	7
116	Pk3	0.9721		3	6,600	1.09			13
116	Pk4	3.5643	2	2	4	30,512	0.56	17,023	23
125 Tracheostomy		18.8397	166	133	283	116,444	0.72	83,603	173
125	Pk1	1.8212	12	11	21	12,593	0.82	10,380	28
125	Pk2	2.9150	2	1	3	19,860	0.71	14,048	26
125	Pk3	7.2555	4	4	8	48,924	0.65	31,564	57
125	Pk4	19.2685	148	117	253	127,609	0.64	81,081	179
126 PWS Resection Of Lung		1.7623	422	394	809	11,558	0.47	5,407	17
126	Pk1	1.4845	308	298	591	10,265	0.35	3,548	16
126	Pk2	1.9573	59	55	139	13,656	0.46	6,257	24
126	Pk3	2.5137	40	39	68	17,518	0.47	8,290	35
126	Pk4	4.2840	15	14	38	30,073	0.63	18,805	61

Schedule 3 – Inpatient Statistical Background

CMB Code Description	Complexity Level	SWRV	Activity	2004/2005			Coefficient of Variation	Standard Deviation	Trim Point
				Costed Cases	Blended Cases	Average Cost			
127 Major Respiratory Procedures									
127	Px1	2.1313	520	427	853	13,835	1.03	14,239	38
127	Px2	1.3059	324	271	513	9,121	0.67	6,109	28
127	Px3	1.8908	78	60	141	13,070	0.71	9,303	40
127	Px4	2.3268	58	51	91	15,973	0.61	9,797	44
128 Minor Respiratory Procedures									
128	Px1	5.8964	60	46	111	41,381	0.86	35,471	62
128	Px2	1.1450	87	68	143	8,016	0.66	5,318	18
128	Px3	0.9168	60	51	105	7,036	0.49	3,469	14
128	Px4	1.2231	8	5	17	8,297	0.70	5,772	29
128	Px1	1.6299	7	6	13	12,051	0.84	10,110	31
128	Px2	8.8813	12	11	18	66,919	0.97	65,013	98
129	Px3	3.7665	10	8	14	24,866	0.81	20,088	76
129	Px4	0.6848	203	151	318	4,569	0.81	3,697	16
129 Other Respiratory Procedures									
129	Px1	0.4406	162	109	236	3,166	0.37	1,171	4
129	Px2	1.3814	22	17	37	9,394	0.64	6,021	47
129	Px3	1.7528	9	8	15	11,769	0.58	6,848	53
129	Px4	3.783	10	8	14	24,866	0.81	20,088	76
135 Tuberculosis									
135	Px1	1.8797	45	35	72	12,363	0.86	10,645	74
135	Px2	1.4671	34	25	53	10,358	0.90	9,295	58
135	Px3	1.9719	5	4	9	13,789	0.91	12,573	106
135	Px4	2.3783	4	4	6	16,689	0.55	9,164	58
135	Px1	4.0109	2	1	5	27,079	0.62	16,682	104
135	Px2	2.3006	460	309	670	14,173	1.00	14,122	36
135	Px3	1.4200	198	121	236	8,233	0.85	7,022	26
135	Px4	1.8744	75	59	113	12,393	0.88	10,951	42
136	Px1	1.2484	50	50	123	9,202	0.90	8,273	32
136	Px2	1.8151	104	84	210	28,388	0.83	23,559	51
136	Px3	4.2255	123	92	190	12,279	0.78	9,614	41
136	Px4	3.7511	120	92	200	25,135	0.86	21,696	61
137	Px1	1.0481	575	346	682	7,057	0.77	5,462	27
137	Px2	1.5587	174	118	215	10,118	0.75	7,591	37
137	Px3	1.8151	123	92	190	12,279	0.78	9,614	41
137	Px4	3.7511	120	92	200	25,135	0.86	21,696	61

Schedule 3 -- Inpatient Statistical Background

CMG Code Description	Complexity Level	SNRY	Activity	2004/2005		Blended Costed Cases	Average Cost of Variation	Coefficient of Variation	Standard Deviation	Trim Points
				Costed	Cases					
138 Respiratory Neoplasms		1.3542	1,086	606	1,312	8,392	0.82	6,901	40	
138	Ptx1	0.9473	601	305	613	6,290	0.80	5,024	33	
138	Ptx2	1.4087	285	174	394	9,305	0.72	6,719	44	
138	Ptx3	1.5222	136	80	192	10,014	0.78	7,803	44	
138	Ptx4	2.3275	64	47	120	15,548	0.75	11,614	70	
139 Interstitial Disease		1.2316	322	149	289	7,536	1.35	10,144	33	
139	Ptx1	0.7407	236	102	184	4,885	0.83	4,036	24	
139	Ptx2	1.5000	39	19	35	9,835	0.67	6,631	52	
139	Ptx3	1.4737	21	15	39	9,761	0.67	6,548	46	
139	Ptx4	4.2432	26	19	38	28,639	1.07	30,543	93	
140 Chronic Obstructive Pulmonary Disease (COPD)		1.1459	2,983	1,325	2,431	6,757	1.01	6,806	28	
140	Ptx1	0.7099	1,930	761	1,386	4,460	0.70	3,144	21	
140	Ptx2	1.1868	488	215	398	7,419	0.73	5,422	35	
140	Ptx3	1.3504	306	199	359	8,642	0.78	6,730	38	
140	Ptx4	2.8100	259	185	341	18,314	0.81	14,833	59	
141 Pulmonary Edema		2.0184	203	92	198	12,342	1.39	17,178	23	
141	Ptx1	0.6991	109	39	103	4,572	0.80	3,668	16	
141	Ptx2	0.9907	37	18	26	6,481	0.62	4,024	21	
141	Ptx3	1.5522	21	14	25	10,173	1.09	11,114	32	
141	Ptx4	5.8802	36	26	51	39,353	0.67	26,314	47	
142 Chronic Bronchitis		0.8859	3,651	1,635	3,228	5,191	0.97	5,015	24	
142	Ptx1	0.6209	2,825	1,201	2,357	3,921	0.74	2,920	18	
142	Ptx2	1.0673	462	192	364	6,774	0.72	4,873	31	
142	Ptx3	1.3437	258	172	337	8,719	0.78	6,786	38	
142	Ptx4	2.7418	106	75	183	17,719	0.94	16,602	55	
143 Simple Pneumonia And Pleurisy		0.8759	7,075	2,556	5,337	5,386	1.12	6,014	20	
143	Ptx1	0.5669	5,575	1,806	3,750	3,782	0.74	2,787	14	
143	Ptx2	1.0951	797	346	747	7,181	0.80	5,743	31	
143	Ptx3	1.3255	454	247	503	8,959	0.82	7,368	34	
143	Ptx4	3.0238	249	182	355	20,616	0.93	19,116	47	

Schedule 3 – Inpatient Statistical Background

CIMB Code Description	Complexity Level	SWRV	Activity	2004 / 2005			Blended			Standard Deviation	Trim Point
				Costed Casus	Casted Cases	Average Cost	Coefficient of Variation				
144 Pneumothorax		0.6157	290	165	344	3,710	0.90	3,347	17		
144	Px1	0.5060	265	155	317	3,311	0.87	2,877	14		
144	Px2	1.2223	15	7	19	8,044	0.59	4,764	35		
144	Px3	1.8270	7	4	8	12,451	0.59	7,335	31		
144	Px4	3.4629	3	1	4	22,631	0.54	12,112	65		
145 Tracheobronchitis		0.5569	2,501	716	1,513	3,663	0.78	2,856	8		
145	Px1	0.4920	2,348	678	1,438	3,537	0.74	2,626	8		
145	Px2	0.9727	80	28	60	7,115	0.78	5,566	15		
145	Px3	1.4212	42	22	41	11,061	0.95	10,471	27		
145	Px4	5.9645	31	27	48	49,622	0.81	40,368	43		
146 Asthma		0.3882	2,348	1,099	2,316	2,570	0.88	2,267	7		
146	Px1	0.3506	2,243	1,059	2,244	2,480	0.77	1,908	7		
146	Px2	0.7845	65	29	54	5,937	1.14	6,787	23		
146	Px3	1.2889	27	21	42	9,616	0.90	8,609	18		
146	Px4	3.8790	13	10	18	28,946	0.72	20,832	30		
147 Other Respiratory Diagnoses		0.7205	1,500	667	1,285	4,654	1.24	5,786	16		
147	Px1	0.5071	1,241	512	1,000	3,533	0.97	3,416	13		
147	Px2	0.8026	141	70	125	5,727	0.94	5,385	23		
147	Px3	1.2892	67	52	101	8,874	0.84	7,451	30		
147	Px4	3.6182	51	42	86	25,341	0.93	23,578	45		
175 PWS Heart Or Lung Transplant		13.9436	56	52	98	93,719	0.70	65,666	129		
175	Px1	6.5069	7	6	13	46,183	0.30	14,046	36		
175	Px2	6.8199	10	9	15	49,336	0.47	23,160	39		
175	Px3	6.0459	3	2	7	42,388	0.25	10,607	47		
175	Px4	17.4361	36	34	60	125,945	0.63	79,235	173		
176 PWS Cardiac Valve Replacement With Heart Pump With Cardiac Cath		6.8897	79	75	138	47,810	0.74	35,285	69		
176	Px1	4.2061	18	18	38	31,174	0.29	8,935	44		
176	Px2	5.0410	11	11	24	36,524	0.24	8,682	43		
176	Px3	5.9468	17	17	30	42,757	0.39	16,623	88		
176	Px4	11.2342	33	31	50	81,497	0.77	62,357	106		

Schedule 3 -- Inpatient Statistical Background

CMG Code Description	Complexity Level	SWIN/ Activity	2004/2005				Blended Costed Cases	Average Cost of Variation	Coefficient of Variation	Standard Deviation	Trim Point
			Ptx1	Ptx2	Ptx3	Ptx4					
177 PWS - Cardiac Valve Replacement With Heart Pump Without Cardiac Cath		3.6820	499	461	984	25,068	0.49	12,311	24		
177	Ptx1	2.8358	307	286	599	20,401	0.30	6,162	14		
177	Ptx2	3.5683	68	65	157	25,622	0.35	8,894	22		
177	Ptx3	4.4691	41	40	91	31,798	0.39	12,504	42		
177	Ptx4	7.9386	83	75	152	57,019	0.64	36,496	64		
178 PWS - Coronary Bypass With Heart Pump With Cardiac Cath		4.7180	285	275	565	32,452	0.60	19,432	45		
178	Ptx1	3.5768	88	86	160	25,702	0.30	7,785	37		
178	Ptx2	3.8854	93	93	213	28,007	0.39	10,817	42		
178	Ptx3	4.3723	52	50	96	31,503	0.35	10,908	46		
178	Ptx4	8.2787	52	49	102	59,780	0.73	43,511	71		
179 PWS - Coronary Bypass With Heart Pump Without Cardiac Cath		2.6315	1,260	1,186	2,542	17,958	0.40	7,240	20		
179	Ptx1	2.1592	754	726	1,511	15,513	0.25	3,853	14		
179	Ptx2	2.5999	278	268	601	18,675	0.37	6,841	21		
179	Ptx3	3.2240	114	108	246	23,204	0.38	8,827	28		
179	Ptx4	6.2267	114	105	240	44,940	0.70	31,294	52		
181 PWS - Other Cardio-Thoracic Procedures With Heart Pump With Cardiac Cath		9.7163	22	19	50	65,220	0.88	57,301	68		
181	Ptx1	3.0710	2	2	6	22,113	0.44	9,785	25		
181	Ptx2	3.5870	3	3	12	25,642	0.44	11,338	48		
181	Ptx3	3.8772	2	1	5	26,923	0.20	5,494	38		
181	Ptx4	13.9709	15	14	30	99,520	0.64	63,751	91		
182 PWS - Other Cardio-Thoracic Procedures With Heart Pump Without Cardiac Cath		3.6307	294	261	555	24,406	0.60	14,681	23		
182	Ptx1	2.3960	148	141	306	17,106	0.34	5,892	13		
182	Ptx2	3.0966	53	47	97	22,206	0.32	7,019	15		
182	Ptx3	3.5981	28	24	45	25,894	0.41	10,668	24		
182	Ptx4	8.2089	65	60	128	58,597	0.52	30,433	49		
183 PWS - Major Cardio-Thoracic Procedures Without Heart Pump With Cardiac Cath		3.3043	123	104	245	22,201	0.78	17,280	38		
183	Ptx1	1.8543	37	29	74	13,368	0.97	13,016	22		
183	Ptx2	2.5685	26	21	49	18,365	0.77	14,177	31		

Schedule 3 – Inpatient Statistical Background

CMHI Code	Description	Complexity Level	SWRV	2004/2005				Blended Costed	Average Cost of Variation	Coefficient of Variation	Standard Deviation	Trim Point
				Activity	Cases	Cased	Cost					
183		Pk3	3.3770	20	16	40	23,490	0.58	13,693	29		
183		Pk4	4.9824	40	36	82	34,725	0.63	22,027	61		
184	PWS - Major Cardio-Thoracic Procedures Without Heart Pump Without Cardiac Cath		2.6606	104	76	166	17,628	0.76	13,461	38		
184		Pk1	1.7274	44	31	77	12,246	0.67	8,154	21		
184		Pk2	2.1724	25	20	31	15,443	0.53	8,214	27		
184		Pk3	2.5244	19	14	26	17,546	0.54	9,522	44		
184		Pk4	6.0541	16	13	33	41,446	0.58	23,981	80		
185	Permanent Pacemaker Implant For Specified Cardiac Conditions		5.9893	254	161	359	41,275	0.47	19,194	44		
185		Pk1	5.1309	118	72	166	36,750	0.45	16,381	32		
185		Pk2	5.5393	54	42	104	39,775	0.48	19,209	41		
185		Pk3	6.7411	51	30	62	48,640	0.36	17,622	44		
185		Pk4	8.9110	31	19	33	63,989	0.46	29,505	74		
186	Permanent Pacemaker Implant Without Specified Cardiac Conditions		2.6877	1,045	517	1,056	18,550	0.59	11,013	23		
186		Pk1	2.2752	787	409	810	16,337	0.55	8,914	19		
186		Pk2	3.2762	135	52	134	23,550	0.53	12,585	32		
186		Pk3	3.9703	92	47	94	28,351	0.54	15,254	35		
186		Pk4	5.5241	31	10	29	39,209	0.42	16,630	54		
188	PWS - Percutaneous Transluminal Coronary Angioplasty W Complicating Cardi Conditions		1.7531	1,880	1,291	2,501	11,689	0.40	4,668	15		
188		Pk1	1.5524	1,438	943	1,811	10,887	0.36	3,969	12		
188		Pk2	1.8199	225	178	389	12,602	0.41	5,133	19		
188		Pk3	2.1827	148	124	214	15,169	0.38	5,787	23		
188		Pk4	3.7724	69	60	130	25,575	0.61	25,598	46		
189	PWS - Percutaneous Transluminal Coronary Angioplasty W/0 Complic Cardiac Conditions		1.1424	1,812	1,533	2,698	7,927	0.39	3,060	7		
189		Pk1	0.9953	953	752	1,316	7,218	0.32	2,320	1		
189		Pk2	1.2435	783	659	1,129	8,907	0.41	3,644	13		
189		Pk3	1.7772	57	53	112	12,623	0.55	6,929	25		
189		Pk4	4.3049	19	15	20	30,567	0.66	20,161	49		

Schedule 3 – Inpatient Statistical Background

CMG Code Description	Complexity Level	SWRY	Activity	2004/2005				Blended Costed	Average Cases	Coefficient Cost of Variation	Standard Deviation	Trim Point
				Costed	Cases	15	25					
191 Temporary Cardiac Pacemaker		Px1	1.7473	30	15	25	11,568	1.26	14,591	26		
191		Px1	0.9041	16	7	13	6,306	0.50	3,176	16		
191		Px2	1.4625		4	9,651	0.32	3,107	14			
191		Px3	1.8413	2	1	5	12,272	0.75	9,225	26		
191		Px4	2.9610	12	7	8	20,909	1.08	22,644	42		
193 Cardiac Pacemaker Device Replacement Or Revision		Px1	1.7869	152	50	95	12,231	0.86	10,554	10		
193		Px1	1.4552	137	31	63	10,480	0.93	9,790	5		
193		Px2	3.6576	10	5	10	26,559	0.86	22,974	34		
193		Px3	3.0189	2	1	5	20,702	0.67	13,772	25		
193		Px4	5.5251	3	2	5	38,421	0.75	28,939	46		
194 PWS - Minor Cardio-Thoracic Procedures Without Heart Pump		Px1	1.0502	249	224	446	7,296	0.52	3,795	10		
194		Px1	0.8586	216	175	350	6,302	0.42	2,639	4		
194		Px2	2.0375	20	18	33	14,528	0.78	11,325	28		
194		Px3	1.6453	9	8	14	11,960	0.48	5,747	17		
194		Px4	3.6361	4	4	7	25,334	1.04	26,297	43		
200 AMI, Unstable Angina Or Cardiac Cath With Shock Or Pulmonary Embolism		Px1	2.2400	89	62	142	13,876	1.01	14,013	34		
200		Px1	0.9708	30	19	36	6,341	0.89	5,639	19		
200		Px2	1.6130	17	8	23	11,113	0.74	8,221	30		
200		Px3	1.7473	15	11	35	11,458	0.71	8,128	34		
200		Px4	3.8340	27	21	48	25,090	0.88	22,202	55		
201 AMI With Cardiac Cath With Congestive Heart Failure		Px1	2.3925	102	65	149	14,631	0.66	9,639	35		
201		Px1	1.8494	58	34	89	12,174	0.51	6,178	28		
201		Px2	2.3023	24	18	32	15,380	0.44	6,696	37		
201		Px3	2.2726	12	8	13	14,939	0.38	5,692	29		
201		Px4	5.3402	8	6	18	32,989	0.75	24,878	60		
202 AMI With Cardiac Cath With Ventricular Tachycardia		Px1	1.6741	15	10	15	10,525	0.47	4,965	30		
202		Px1	1.3820	13	8	10	9,371	0.44	4,166	28		
202		Px2	1.0550		1	6,266				11		
202		Px3	1.7344	2	2	4	11,786	0.68	8,028	34		
202		Px4	2.6573		3	17,382	0.20	3,535	30			

Schedule 3 – Inpatient Statistical Background

CMB Code and Description	Complexity Level	SWRV	Activity	2004/2005		2005/2006	
				Costed Cases	Avg. Cost	Blended Costed Cases	Avg. Coefficient of Variation
203 AMI With Cardiac Cath With Angina		1.2284		27	18	45	7,559
203	Px1	1.0892	23	16	40	7,162	0.46
203	Px2	1.7026	3	1	5	11,265	0.17
203	Px3	1.0384	1	1	3	7,182	0.27
203	Px4	0.9110		1	6,067		42
204 AMI With Cardiac Cath Without Specified Cardiac Conditions		1.3598	748	388	792	8,419	0.49
204	Px1	1.1596	648	319	672	7,700	0.41
204	Px2	1.6378	56	36	63	11,001	0.42
204	Px3	1.8079	29	21	37	12,135	0.52
204	Px4	3.3317	15	11	18	22,577	0.54
205 AMI Without Cardiac Cath With Congestive Heart Failure		1.5762	362	187	401	9,471	0.77
205	Px1	1.1730	224	109	220	7,446	0.62
205	Px2	1.4771	59	28	69	9,715	0.54
205	Px3	1.4414	46	29	52	9,614	0.72
205	Px4	2.8035	33	24	64	18,417	0.77
206 AMI Without Cardiac Cath With Ventricular Tachycardia		0.9988	33	9	29	5,898	0.94
206	Px1	0.7743	25	8	23	4,782	0.75
206	Px2	1.1596	3		4	7,716	0.60
206	Px3	0.9886	5	1	5	6,800	1.55
206	Px4	1.8721		5	12,547	0.76	9,514
207 AMI Without Cardiac Cath With Angina		1.2392	54	18	36	7,572	0.98
207	Px1	0.9128	46	11	26	6,106	0.84
207	Px2	2.4905	5	4	5	15,767	0.95
207	Px3	1.2101	2	2	5		15,014
207	Px4	1.8688	1	1	2	13,084	0.09
208 AMI Without Cardiac Cath Without Specified Cardiac Conditions		0.9353	1,771	705	1,415	5,514	0.80
208	Px1	0.7622	1,515	591	1,176	4,986	0.72
208	Px2	1.2598	122	60	111	8,444	0.66
208	Px3	1.1598	79	34	79	7,343	0.91
208	Px4	2.1191	55	37	77	14,051	0.81

Schedule 3 – Inpatient Statistical Background

CMG Code Description	Complexity Level	SWRY	Activity	2004/2005				Blended			
				Costed Cases	Average Costed Cases	Coefficient of Variation	Standard Deviation	Trim Point			
210 Unstable Angina With Cardiac Cath With Specified Cardiac Conditions		Pix1	1.6515 1.2948	22 21	8 8	28 21	10,153 8,594	0.53 0.45	5,341 3,830	27	
210		Pix2	2.0033	1		5	13,327	0.65	8,668	35	
210		Pix3	2.6418			4	17,944	0.45	8,043	58	
210		Pix4	3.1253		2	19,145	0.62	11,793	22		
211 Unstable Angina With Cardiac Cath Without Specified Cardiac Conditions		Pix1	1.1167 1.0140	303 283	146 139	332 312	6,687 6,590	0.48 0.48	3,208 3,190	20	
211		Pix2	1.2702	11	5	15	8,410	0.50	4,219	33	
211		Pix3	1.6796	8	2	6	10,905	0.48	5,271	27	
211		Pix4	2.6964	1	1	3	18,345	0.81	14,777	39	
212 Unstable Angina Without Cardiac Cath With Specified Cardiac Conditions		Pix1	1.1824 0.9881	45 114	80 31	80 62	7,349 6,649	0.88 1.04	6,462 6,925	19	
212		Pix2	1.2611	17	7	9	8,071	0.42	3,404	28	
212		Pix3	1.6920	6	4	5	11,952	0.39	4,676	42	
212		Pix4	2.3653	8	5	7	16,434	0.34	5,605	69	
213 Unstable Angina Without Cardiac Cath Without Specified Cardiac Conditions		Pix1	0.5781 0.5148	1,306 1,246	342 321	704 657	3,394 3,294	0.84 0.85	2,848 2,802	11	
213		Pix2	0.7594	46	17	37	4,683	0.65	3,048	18	
213		Pix3	1.8432	11	3	13	9,765	0.70	6,867	32	
213		Pix4	1.3246	3	1	6	8,476	0.92	7,771	33	
215 Cardiac Cath With Congestive Heart Failure		Pix1	1.9013	294	219	448	11,886	0.66	7,801	35	
215		Pix2	1.4598	216	167	320	9,725	0.52	5,077	31	
215		Pix3	2.0003	34	22	52	13,512	0.46	6,193	42	
215		Pix4	2.3630	21	19	48	15,902	0.50	7,974	42	
216 Cardiac Cath With Ventricular Tachycardia		Pix1	4.3589	23	18	34	29,561	0.51	15,039	68	
216		Pix2	1.5152	178	133	244	9,301	0.63	5,840	29	
216		Pix3	1.2645	158	115	215	8,326	0.51	4,241	26	
216		Pix4	1.8462	8	6	8	12,379	0.84	10,430	33	
216		Pix3	1.8870	9	9	12	12,587	0.36	4,580	30	
216		Pix4	3.3799	3	2	6	22,193	0.38	8,478	53	

Schedule 3 – Inpatient Statistical Background

CMG Code Description	Complexity Level	2004/2005				Blended Costed Cases	Average Cost of Variation	Coefficient of Variation	Standard Deviation	Trim Point
		SWIN	Activity	Costed Cases	Costed Cases					
217 Cardiac Cath With Unstable Angina		1.0125	242	140	304	6,156	0.51	3,128	22	
217	Ptx1	0.9208	236	135	290	6,010	0.51	3,070	22	
217	Ptx2	1.2803	4	3	8	8,258	0.26	2,184	28	
217	Ptx3	1.9807	2	2	6	12,731	0.36	4,568	38	
217	Ptx4	1.7437		5	11,731	0.56	6,591	40		
218 Cardiac Cath Without Specified Cardiac Conditions		0.7794	1,255	859	1,602	4,969	0.62	3,099	17	
218	Ptx1	0.7020	1,200	823	1,527	4,812	0.61	2,925	17	
218	Ptx2	1.2401	33	25	50	8,273	0.64	5,281	29	
218	Ptx3	1.5083	16	10	24	11,053	1.01	11,130	37	
218	Ptx4	2.4746	6	6	12	16,450	0.62	10,199	48	
219 Endocarditis		2.4835	85	61	113	15,058	1.08	16,229	59	
219	Ptx1	1.4199	47	33	65	9,285	0.73	6,795	43	
219	Ptx2	1.6994	10	7	13	10,923	0.49	5,306	51	
219	Ptx3	2.5492	9	5	9	17,153	0.63	10,836	44	
219	Ptx4	4.8403	19	17	27	31,731	0.81	25,617	88	
220 Pulmonary Embolism		0.9085	821	518	1,059	5,483	0.79	4,359	22	
220	Ptx1	0.6807	548	322	657	4,381	0.68	2,996	18	
220	Ptx2	0.9104	183	132	267	5,844	0.69	4,038	25	
220	Ptx3	1.4977	53	42	90	10,143	0.65	6,595	44	
220	Ptx4	2.5278	37	28	62	17,088	0.97	16,627	39	
222 Heart Failure		1.1389	4,364	1,764	3,556	6,785	0.88	5,940	28	
222	Ptx1	0.8214	2,938	1,109	2,231	5,258	0.70	3,691	24	
222	Ptx2	1.2441	746	336	671	7,953	0.70	5,578	35	
222	Ptx3	1.6289	416	200	414	10,345	0.76	7,888	48	
222	Ptx4	2.7522	264	176	355	18,154	0.85	15,409	74	
225 Hypertensive Heart Disease		1.1952	73	11	37	7,106	0.68	4,841	24	
225	Ptx1	0.8161	35		8	5,002	0.62	3,122	17	
225	Ptx2	0.8280	29	7	19	5,313	0.51	2,732	22	
225	Ptx3	2.1249	6	4	9	14,291	0.65	9,310	73	
225	Ptx4	2.9298	3	2	5	19,930	0.49	9,773	69	

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRY	Activity	2004/2005		Blended		Standard Deviation	Trim Point
					Costed Cases	Avg Case Cost	Costed Cases	Avg Coefficient of Variation		
226	Other Circulatory Diagnoses			0.9118	1,050	561	1,039	5,756	1.06	6,084
226		Ptx1	0.6364	773	386	702	4,234	0.81	3,450	16
226		Ptx2	1.1327	153	97	195	7,757	0.98	7,576	27
226		Ptx3	1.5238	82	63	111	10,419	0.80	8,353	40
226		Ptx4	3.2541	42	31	66	22,431	1.18	26,483	57
229	Atherosclerosis (MNRH)			0.8251	695	299	639	4,819	0.86	4,163
229		Ptx1	0.5744	525	227	477	3,625	0.67	2,422	14
229		Ptx2	1.2750	104	42	97	8,028	0.80	6,429	31
229		Ptx3	1.8627	46	26	53	11,662	0.76	8,818	53
229		Ptx4	3.3793	20	16	34	22,513	0.93	20,912	76
232	Acquired Valvular Disorders (MNRH)			1.0135	118	63	126	6,223	0.87	5,398
232		Ptx1	0.7547	73	42	83	5,040	0.77	3,874	23
232		Ptx2	1.0247	30	14	29	6,609	0.72	4,771	30
232		Ptx3	2.7950	12	9	12	17,536	0.71	12,379	79
232		Ptx4	3.8886	3	1	8	26,328	0.93	24,512	84
233	Hypertension (MNRH)			0.5570	823	122	231	3,457	0.71	2,449
233		Ptx1	0.4779	728	102	194	3,163	0.70	2,229	13
233		Ptx2	0.7872	72	15	28	5,351	0.55	2,927	21
233		Ptx3	0.9117	19	7	11	7,016	1.24	8,667	29
233		Ptx4	1.2687	4	3	5	8,848	0.61	5,430	33
234	Congenital Cardiac Disorders (MNRH)			1.6694	41	29	45	11,758	1.31	15,450
234		Ptx1	0.9387	25	13	24	6,944	1.08	7,495	15
234		Ptx2	0.7471	8	6	9	6,225	0.65	4,041	26
234		Ptx3	2.0912	5	5	5	18,113	0.34	6,201	26
234		Ptx4	5.4394	3	3	6	43,543	0.98	42,714	44
235	Angina Pectoris			0.4701	712	98	177	2,733	0.61	1,666
235		Ptx1	0.4244	664	96	170	2,682	0.61	1,643	10
235		Ptx2	0.7246	33	2	7	4,810	0.74	3,577	17
235		Ptx3	1.0587	13	1	5	7,065	0.44	3,102	29
235		Ptx4	1.3468	2	1	1	8,857			11

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	2004/2005				Blended Costed Cases	Average Cost of Variation	Coefficient of Variation	Standard Deviation	Trim Point
		Complexity Level	SWRV	Activity	Costed Cases					
237	Arrhythmia	0.7243	3.161	994	1,945	4,295	0.81	3.490	16	
237		Px1	0.5623	2,562	761	1,480	3,621	0.78	2,818	13
237		Px2	0.9702	421	173	338	6,209	0.67	4,139	24
237		Px3	1.3991	142	68	126	9,078	0.75	6,820	31
237		Px4	2.8744	36	21	53	18,752	0.72	13,412	64
240	Syncope And Collapse		0.5495	850	305	602	3,330	0.84	2,813	13
240		Px1	0.4749	763	276	542	3,117	0.87	2,705	13
240		Px2	1.0073	58	17	42	6,395	0.64	4,081	26
240		Px3	1.0422	27	15	30	6,800	0.66	4,517	42
240		Px4	1.7710	2	1	5	11,204	0.50	5,620	53
242	Chest Pain		0.3911	3,123	978	1,909	2,344	0.64	1,502	7
242		Px1	0.3559	3,007	951	1,849	2,316	0.64	1,487	7
242		Px2	0.6280	92	30	61	3,963	0.63	2,479	14
242		Px3	0.9633	21	7	17	6,296	0.64	4,023	29
242		Px4	1.5049	3	1	5	10,053	0.47	4,687	38
250	Extensive Gastrointestinal Procedures		3.7038	70	58	131	23,490	0.52	12,290	37
250		Px1	2.5977	43	37	70	17,584	0.37	6,483	26
250		Px2	3.1312	10	9	20	21,314	0.25	5,372	24
250		Px3	4.4907	6	5	18	31,020	0.44	13,591	38
250		Px4	6.5381	11	8	24	43,545	0.46	19,817	80
251	Gastrectomy And Colostomy Procedures		3.2173	1,479	813	1,665	20,804	0.88	18,259	50
251		Px1	1.8435	814	427	879	12,765	0.53	6,722	30
251		Px2	2.7931	141	83	175	18,936	0.57	10,780	48
251		Px3	3.2888	196	120	248	22,812	0.61	13,877	56
251		Px4	7.8868	328	216	416	54,761	0.88	48,200	116
252	Major Esophageal, Stomach And Duodenum Procedures		2.6690	97	67	120	17,195	0.61	10,490	39
252		Px1	1.9420	58	41	75	12,992	0.46	6,025	25
252		Px2	2.7317	13	9	18	19,015	0.38	7,167	28
252		Px3	3.1298	12	9	11	22,152	0.56	12,406	41
252		Px4	7.4932	14	11	21	50,553	0.71	35,838	74

Schedule 3 – Inpatient Statistical Background

CMG Code Description	Complexity Level	SNVW/ Activity	2004/2005		Blended		Average Coefficient of Variation	Standard Deviation	Trim Point
			Costed Cases	Cases	Costed	Costed			
253 Major Intestinal And Rectal Procedures	.2.0228	2,520	1,335	2,643	12,745	0.59	7,529	28	
253	Ptx1	1.5085	1,715	916	1,801	10,205	0.39	3,971	21
253	Ptx2	2.3659	213	111	249	15,917	0.46	7,267	35
253	Ptx3	2.3525	283	170	313	15,953	0.49	7,775	35
253	Ptx4	4.9677	309	182	363	33,901	0.77	26,014	69
255 Less Extensive Esophageal, Stomach And Duodenum Procedures	1.3155	930	534	1,081	8,583	0.60	5,077	18	
255	Ptx1	1.0980	784	454	894	7,654	0.52	3,986	17
255	Ptx2	1.5902	52	34	76	10,893	0.49	5,326	27
255	Ptx3	1.8064	41	25	75	12,397	0.51	6,289	28
255	Ptx4	4.3476	53	32	71	29,597	0.75	22,219	57
258 Laparotomy	1.3686	971	587	1,050	8,770	0.71	6,192	24	
258	Ptx1	1.0444	772	451	798	7,200	0.58	4,142	18
258	Ptx2	1.8420	80	52	105	12,495	0.66	8,196	38
258	Ptx3	2.1045	61	38	82	14,129	0.61	8,659	38
258	Ptx4	3.6383	58	41	71	25,131	0.83	20,868	68
260 Less Extensive Intestinal And Rectal Procedures	0.5478	272	161	323	3,361	0.70	2,369	10	
260	Ptx1	0.4903	257	155	306	3,245	0.68	2,218	10
260	Ptx2	0.8822	6	4	12	6,130	0.70	4,284	18
260	Ptx3	1.3798	8	4	8	8,939	0.90	8,062	23
260	Ptx4	6.1644	1	5	41,282	0.71	29,279	87	
261 Complicated Appendectomy	0.8807	840	591	1,164	5,661	0.54	3,059	12	
261	Ptx1	0.7254	737	517	1,000	5,067	0.48	2,418	9
261	Ptx2	1.3209	39	31	57	9,650	0.41	3,938	18
261	Ptx3	1.3011	51	31	64	8,882	0.53	4,750	17
261	Ptx4	1.6291	13	8	24	12,099	0.57	6,860	24
262 Simple Appendectomy	0.5060	2,335	1,429	2,885	3,168	0.54	1,716	5	
262	Ptx1	0.4596	2,283	1,412	2,852	3,136	0.41	1,295	5
262	Ptx2	0.7550	19	11	22	4,951	0.56	2,782	13
262	Ptx3	1.1848	23	14	26	8,286	1.40	11,618	12
262	Ptx4	1.6095	10	7	11	11,800	0.35	4,101	25

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	2004/2005						Standard Deviation	Trim Point
		Complexity Level	SWRV	Activity	Costed Cases	Blended Costed Cases	Average Coefficient Cost of Variation		
264	Minor Gastrointestinal Procedures	0.7534	101	64	126	5,354	0.57	3,061	8
264	Ptx1	0.6725	81	59	112	5,196	0.59	3,057	8
264	Ptx2	0.8971	9	3	10	6,868	0.62	4,275	20
264	Ptx3	1.8831	7	7	10	13,194	0.48	6,391	36
264	Ptx4	4.9334	4	4	5	36,942	1.13	41,674	31
265	Abdominal Laparoscopy	0.5661	101	50	96	3,568	0.64	2,274	10
265	Ptx1	0.5057	89	43	86	3,488	0.61	2,129	10
265	Ptx2	0.4381	5	2	4	2,364	0.54	1,270	14
265	Ptx3	1.0316	5	4	5	7,872	0.68	5,340	27
265	Ptx4	0.8843	2	2	3	5,525	0.86	4,736	19
266	Anus And Stomal Procedures (MNRH)	0.4698	858	403	792	2,799	0.70	1,950	7
266	Ptx1	0.4292	816	394	770	2,771	0.70	1,947	7
266	Ptx2	0.7840	23	10	23	5,295	0.68	3,606	20
266	Ptx3	1.3904	17	10	17	9,409	0.46	4,369	32
266	Ptx4	6.6566	2	1	11	42,136	0.72	30,197	120
269	Bilateral Hernia Procedures	0.5834	1,869	1,083	2,009	3,504	0.54	1,885	7
269	Ptx1	0.5253	1,793	1,056	1,937	3,425	0.53	1,811	7
269	Ptx2	1.0717	43	26	60	6,971	0.52	3,653	14
269	Ptx3	1.1962	25	14	33	7,737	0.61	4,682	18
269	Ptx4	3.0880	8	7	13	21,265	0.82	17,480	32
271	Unilateral Hernia Procedures (MNHRH)	0.4304	777	202	446	2,607	0.46	1,193	4
271	Ptx1	0.3904	746	192	430	2,572	0.46	1,184	4
271	Ptx2	0.9109	18	9	19	6,063	0.71	4,317	25
271	Ptx3	1.0989	8	3	8	7,537	0.92	6,951	25
271	Ptx4	4.4457	5	3	6	29,183	0.55	16,193	50
279	Digestive System Malignancy	1.1613	778	397	786	7,083	0.83	5,897	36
279	Ptx1	0.8179	567	278	504	5,394	0.81	4,357	30
279	Ptx2	1.2868	111	54	136	8,387	0.69	5,799	46
279	Ptx3	1.5395	55	40	86	10,176	0.65	6,610	48
279	Ptx4	2.4011	45	27	61	15,763	0.69	10,880	69

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRY	Activity	2004/2005		Blended	
					Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation
281	G.I. Hemorrhage		0.6514	2,433	1,242	2,391	4,006	0.90
281		Ptx1	0.5026	2,023	1,022	1,956	3,322	0.65
281		Ptx2	1.0147	200	105	210	6,742	0.67
281		Ptx3	1.2029	126	78	156	8,063	0.81
281		Ptx4	2.2362	84	64	111	15,139	0.93
285	Complicated Ulcer		0.6946	149	85	176	4,201	0.71
285		Ptx1	0.5487	120	66	143	3,590	0.64
285		Ptx2	1.4278	9	7	15	9,594	0.67
285		Ptx3	1.4280	14	10	20	9,137	0.68
285		Ptx4	1.9077	6	5	9	12,187	0.90
286	Uncomplicated Ulcer		0.5371	228	82	171	3,253	0.58
286		Ptx1	0.4802	205	76	155	3,156	0.60
286		Ptx2	0.7355	9	3	10	4,793	0.58
286		Ptx3	0.9357	10	3	8	6,380	0.61
286		Ptx4	1.7585	4	4	5	11,965	0.54
289	Inflammatory Bowel Disease		0.6209	879	449	858	3,871	0.67
289		Ptx1	0.5724	800	404	786	3,833	0.70
289		Ptx2	0.9472	26	16	32	6,353	0.71
289		Ptx3	0.8421	45	33	54	5,771	0.72
289		Ptx4	2.0304	8	6	10	13,315	0.72
290	G.I. Obstruction		0.5407	2,206	982	1,899	3,201	0.72
290		Ptx1	0.4412	1,982	874	1,694	2,830	0.64
290		Ptx2	0.8670	107	39	88	5,464	0.70
290		Ptx3	1.1545	82	37	62	7,296	0.69
290		Ptx4	1.9324	35	21	41	12,715	0.63
294	Esophagitis, Gastroenteritis And Miscellaneous Digestive Disease		0.4818	12,436	3,739	7,278	2,979	0.81
294		Ptx1	0.3911	11,345	3,210	6,311	2,620	0.70
294		Ptx2	0.7457	636	256	473	5,102	0.70
294		Ptx3	0.8437	329	164	303	5,668	0.85
294		Ptx4	2.0539	126	72	152	14,401	0.90

Schedule 3 – Inpatient Statistical Background

CMG Code Description	Complexity Level	SWRY	Activity	2004/2005			
				Costed Cases	Blended Costed	Average Coefficient Cost of Variation	Standard Deviation Point
297 Other G.I. Diagnoses	0.5932	1,791	976	1,974	3,679	0.92	3,400
297	Ptx1	0.4540	1,527	816	1,654	3,014	0.76
297	Ptx2	1.0522	112	66	137	7,059	0.74
297	Ptx3	1.1750	96	65	128	7,877	0.82
297	Ptx4	2.2214	56	40	78	15,541	0.88
310 PWS - Liver Transplant	9.9396	65	61	119	66,808	0.70	46,504
310	Ptx1	4.7799	12	12	20	34,556	0.32
310	Ptx2	4.9284	4	4	8	35,437	0.27
310	Ptx3	5.9182	5	5	12	42,325	0.40
310	Ptx4	11.3825	44	40	79	81,869	0.61
311 Major Pancreatic Procedures	3.6030	204	178	337	23,489	0.81	18,955
311	Ptx1	2.3633	105	93	170	16,509	0.49
311	Ptx2	2.8846	34	30	59	19,984	0.81
311	Ptx3	4.3077	17	16	39	29,535	0.82
311	Ptx4	7.8080	48	43	81	52,742	0.80
312 Major Hepatobiliary Procedures	2.3824	212	184	306	16,286	0.67	10,941
312	Ptx1	1.8766	146	135	221	13,614	0.35
312	Ptx2	2.2850	22	18	33	16,547	0.33
312	Ptx3	2.8428	17	15	23	20,364	0.63
312	Ptx4	6.8574	27	26	41	49,161	0.75
313 Common Duct Exploration	2.2869	23	20	51	13,996	0.73	10,196
313	Ptx1	1.4313	10	7	26	9,154	0.52
313	Ptx2	2.2208	3	3	7	15,238	0.24
313	Ptx3	2.9531	8	8	11	20,430	0.81
313	Ptx4	3.1856	2	1	5	20,211	0.58
314 Other Hepatobiliary And Pancreatic Procedures	1.7548	232	127	267	11,270	0.82	9,260
314	Ptx1	1.2537	156	86	181	8,521	0.61
314	Ptx2	1.8061	30	18	39	10,992	0.45
314	Ptx3	2.9466	21	15	27	20,888	0.70
314	Ptx4	4.5266	25	15	31	31,442	0.55

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWIN/ Activity	2004/2005				Blended Costed Cases	Average Coefficient of Variation	Standard Deviation	Trim Point
				Costed Cases	Average Cases	Coefficient of Variation	Standard Deviation				
315	Cholecystectomy		Ptx1	1,4672	383	187	412	9,123	0.48	4,424	19
315			Ptx1	1,1679	287	128	273	7,742	0.42	3,233	15
315			Ptx2	1,5030	54	33	82	9,967	0.40	3,954	21
315			Ptx3	2,2270	25	16	39	14,883	0.46	6,806	28
315			Ptx4	3,9724	17	13	25	26,759	0.70	18,842	72
317	Laparoscopic Cholecystectomy		Ptx1	0,6544	3,288	912	1,824	4,083	0.45	1,835	7
317			Ptx1	0,5736	2,957	799	1,576	3,870	0.44	1,712	7
317			Ptx2	0,9061	247	129	272	6,057	0.40	2,448	15
317			Ptx3	1,3465	62	21	50	9,015	0.51	4,596	22
317			Ptx4	1,9489	22	12	29	12,907	0.43	5,582	34
320	Miscellaneous Hepatobiliary And Pancreatic Procedures		Ptx1	1,9231	90	67	129	12,293	0.98	12,083	36
320			Ptx1	1,1199	59	40	82	7,769	0.45	3,503	20
320			Ptx2	1,3367	8	7	15	9,166	0.36	3,329	25
320			Ptx3	2,0632	9	7	10	14,940	0.77	11,507	32
320			Ptx4	5,5192	14	10	20	37,306	0.50	18,804	83
323	Cirrhosis And Alcoholic Hepatitis		Ptx1	1,3202	400	207	462	8,029	1.16	9,341	34
323			Ptx1	0,7623	174	77	165	4,942	0.77	3,826	21
323			Ptx2	0,8775	110	64	134	5,667	0.74	4,194	28
323			Ptx3	1,5546	64	39	90	10,401	0.81	8,461	47
323			Ptx4	3,2078	52	33	84	21,039	1.01	21,353	71
324	Pancreatic Cancer Or Other Malignancy Of Hepatobiliary System		Ptx1	1,2655	597	360	747	7,859	0.77	6,088	39
324			Ptx1	0,9649	338	180	364	6,380	0.78	4,968	33
324			Ptx2	1,1426	158	101	197	7,473	0.68	5,052	37
324			Ptx3	1,5089	65	49	108	10,352	0.79	8,159	47
324			Ptx4	1,9109	36	30	77	12,909	0.61	7,861	52
325	Pancreas Diseases Except Malignancy		Ptx1	0,5049	1,627	752	1,448	3,254	0.70	2,283	14
325			Ptx2	0,9046	194	102	195	5,949	0.79	4,721	25
325			Ptx3	1,3925	91	55	105	9,024	0.68	6,174	36
325			Ptx4	3,2796	38	27	70	21,279	0.87	18,588	50

Schedule 3 – Inpatient Statistical Background

		2004/2005							
CMG Code	Description	Complexity Level	SWRV	Activity	Costed Cases	Blended Costed Cases	Average Coeficient Cost of Variation	Standard Deviation	Trim Point
326	Liver Diseases Except Cirrhosis Or Cancer	1.3429	692	396	776	8,438	1.24	10,477	30
326	Pk1	0.6783	399	201	394	4,558	0.80	3,630	20
326	Pk2	1.0574	137	83	158	7,095	1.02	7,241	34
326	Pk3	1.3880	73	46	87	9,298	0.82	7,595	42
326	Pk4	3.6436	83	62	136	24,711	0.93	23,051	48
329	Biliary Tract Diseases	0.6000	1,436	509	1,023	3,600	0.88	3,165	13
329	Pk1	0.4563	1,208	403	779	2,949	0.67	1,977	10
329	Pk2	0.8540	81	41	89	5,549	0.67	3,737	24
329	Pk3	0.8452	97	41	113	5,486	1.07	5,886	20
329	Pk4	2.0208	50	31	52	13,295	0.94	12,509	43
350	Multiple Or Bilateral Joint Replacement	2.6295	89	62	113	15,917	0.38	6,044	39
350	Pk1	2.0778	58	44	80	13,461	0.26	3,434	16
350	Pk2	2.4749	1	6	16,438	0.20	3,252	25	
350	Pk3	3.6350	16	12	15	24,268	0.43	10,387	74
350	Pk4	6.6747	14	11	13	45,529	0.60	27,209	156
351	Joint Replacement For Trauma	2.4572	873	519	1,124	15,392	0.56	8,574	43
351	Pk1	1.8670	568	338	718	12,443	0.37	4,578	28
351	Pk2	2.9538	144	79	166	19,590	0.51	9,901	69
351	Pk3	2.8398	73	45	105	19,250	0.56	10,798	66
351	Pk4	4.3145	88	56	143	28,747	0.75	21,679	107
352	Hip Replacement	1.6930	2,517	1,548	3,068	10,316	0.29	2,987	14
352	Pk1	1.5191	2,267	1,395	2,731	9,960	0.26	2,566	11
352	Pk2	2.0054	113	63	168	13,187	0.36	4,778	25
352	Pk3	2.1842	107	49	99	14,367	0.42	6,022	28
352	Pk4	2.9920	30	23	49	20,556	0.53	10,994	43
354	Knee Replacement	1.4882	3,137	1,749	3,440	8,983	0.25	2,259	11
354	Pk1	1.2600	2,863	1,650	3,230	8,873	0.24	2,172	11
354	Pk2	1.6789	130	66	151	11,093	0.28	3,127	18
354	Pk3	1.9077	101	48	88	12,708	0.35	4,432	22
354	Pk4	2.8748	43	16	31	18,850	0.55	10,431	38

Schedule 3 – Inpatient Statistical Background

CMA Code	Description	2004/2005				2004/2005			
		Complexity Level	SWRV	Activity	Costed Cases	Blended Costed Cases	Average Cost of Variation	Coefficient of Variation	Standard Deviation
355	Reattachment Procedures Or Lower Extremity Or Shoulder Amputations		1.8125	97	50	106	11,615	1.06	12,263
355		Ptx1	1.0692	53	23	62	7,330	0.70	5,099
355		Ptx2	2.1132	20	13	23	14,377	0.74	10,623
355		Ptx3	2.5700	15	10	17	17,352	0.78	13,470
355		Ptx4	10.2023	9	5	13	68,024	0.70	47,578
356	Repair Hip And Femur Procedures		1.4225	199	140	307	9,385	0.79	7,409
356		Ptx1	1.1245	176	124	261	7,998	0.77	6,152
356		Ptx2	2.3355	14	9	20	16,462	0.48	7,835
356		Ptx3	2.8884	5	3	13	19,391	0.45	8,677
356		Ptx4	3.5904	4	3	15	24,797	0.69	17,182
358	Lower Extremity Procedures With Infection		1.5578	93	64	150	9,885	0.82	8,097
358		Ptx1	1.1753	71	47	116	8,166	0.69	5,598
358		Ptx2	1.8768	12	11	22	12,305	0.61	7,537
358		Ptx3	6.0625	2	2	5	39,569	0.78	31,046
358		Ptx4	3.9317	8	5	10	26,495	0.72	19,033
359	Upper Extremity Procedures With Infection		1.2308	33	22	58	7,882	0.76	6,000
359		Ptx1	0.9480	26	16	50	6,584	0.70	4,595
359		Ptx2	2.8302		4	4	18,181	0.42	7,686
359		Ptx3	6.8709	3	2	4	45,842	0.63	29,061
359		Ptx4	2.5467	4	4	6	17,775	0.88	15,600
360	Upper Extremity Amputations And Revisions		2.1025	57	38	86	13,229	0.90	11,916
360		Ptx1	1.1793	38	26	57	8,024	0.80	6,428
360		Ptx2	3.1847	9	5	9	22,043	0.59	12,896
360		Ptx3	3.6173	6	4	10	28,153	1.19	33,443
360		Ptx4	6.0451	4	3	12	39,415	0.60	23,728
361	Musculoskeletal Biopsy For Malignancy		2.6099	35	28	59	17,874	0.85	15,172
361		Ptx1	1.9231	29	22	44	14,552	0.79	11,560
361		Ptx2	2.6886	4	3	5	19,338	0.81	15,749
361		Ptx3	4.5238	1	1	5	30,377	0.63	19,108
361		Ptx4	4.8712	1	1	7	35,525	0.66	23,427

Schedule 3 – Inpatient Statistical Background

CNG Code Description	Complexity Level	SWRY Activity	Blended			Average Coefficient of Variation	Standard Deviation	Trim Point
			Costed Cases	Custod Cases	Average			
2004/2005								
362 Musculoskeletal Biopsy Without Malignancy	1.9417	58	50	116	12,644	1.19	15,006	53
362	Pk1	1.0889	41	36	75	7,731	0.63	4,855
362	Pk2	2.2692	6	5	15	14,878	0.47	6,935
362	Pk3	2.4972	6	5	15	17,337	0.66	11,384
362	Pk4	8.7911	5	4	9	64,316	1.07	68,913
363 Back And Neck Procedures With Fusion	1.7474	1,031	775	1,512	11,934	0.66	7,821	15
363	Pk1	1.5135	907	679	1,323	10,824	0.61	6,572
363	Pk2	2.4865	61	52	113	17,891	0.46	8,295
363	Pk3	3.2555	38	31	68	23,999	0.60	14,394
363	Pk4	6.9167	25	19	48	52,613	0.82	43,062
365 Back And Neck Procedures Without Fusion	0.7517	1,155	840	1,824	4,958	0.53	2,644	10
365	Pk1	0.6664	1,107	784	1,697	4,611	0.44	2,040
365	Pk2	1.3047	33	28	64	9,320	0.56	5,224
365	Pk3	1.6668	13	12	21	11,612	0.51	5,909
365	Pk4	3.1582	2	1	9	21,892	0.87	19,077
367 Shoulder Arthroplasty	1.3670	146	82	187	8,185	0.28	2,327	8
367	Pk1	1.2459	141	80	183	8,152	0.29	2,336
367	Pk2	1.6683	4	3	5	11,380	0.20	2,275
367	Pk3	1.1569	1	1	3	8,010	0.22	1,798
367	Pk4							12
368 Major Hip And Knee Procedures	0.9531	24	18	42	6,397	0.66	4,240	14
368	Pk1	0.8663	21	17	41	6,162	0.65	4,005
368	Pk2	1.5418	2	1	3	10,826	0.47	5,115
368	Pk3							60
368	Pk4	3.2937	1	1	1	24,494		25
369 Major Lower Extremity Procedures	0.8912	511	324	601	5,939	0.50	2,990	8
369	Pk1	0.8179	499	324	592	5,913	0.50	2,965
369	Pk2	1.5455	8	6	19	10,944	0.48	5,285
369	Pk3	1.6093	4	4	5	11,257	0.32	3,622
369	Pk4	6.8732	1	1	45,768			44

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	2004/2005							
		Complexity Level	SWRV	Activity	Cases	Blended Costed	Average Cost of Cases	Coefficient of Variation	Standard Deviation
372	Major Upper Extremity Procedures	0.7634	302	178	315	4,952	0.50	2.498	7
372	Ptx1	0.6962	295	173	310	4,875	0.50	2,435	7
372	Ptx2	1.9250	4	4	5	13,665	0.32	4,330	24
372	Ptx3	1.3834	3	2	5	9,945	0.35	3,520	13
372	Ptx4								56
374	Minor Lower Extremity Procedures	0.6206	1,338	396	787	4,002	0.44	1,759	4
374	Ptx1	0.5661	1,324	393	781	3,991	0.44	1,752	4
374	Ptx2	1.1602	6	4	9	8,313	0.56	4,687	16
374	Ptx3	1.6471	5	3	5	11,869	0.54	6,398	13
374	Ptx4	2.5046	3	2	3	17,836	0.56	9,900	28
375	Minor Upper Extremity Procedures	0.4778	1,516	247	497	2,951	0.29	863	1
375	Ptx1	0.4395	1,507	247	496	2,950	0.29	864	1
375	Ptx2	1.0987	7	3	6	7,387	0.65	4,804	23
375	Ptx3	0.7342	2	2	2	4,889	0.26	1,285	11
375	Ptx4	11.9819			2	81,846	0.98	79,910	89
376	Miscellaneous Musculoskeletal Procedures	1.0932	199	156	287	7,445	0.74	5,541	10
376	Ptx1	0.9965	190	152	280	7,317	0.74	5,427	10
376	Ptx2	3.0366	5	5	9	22,758	0.66	14,966	37
376	Ptx3	3.1771	1	1	5	23,369	0.49	11,391	50
376	Ptx4	6.3801	3	2	6	49,924	0.59	29,612	62
377	Wound Debridement And Skin Graft For Musculoskeletal Disorders	1.3999	194	151	317	9,251	1.05	9,759	28
377	Ptx1	0.9491	161	124	260	6,797	0.89	6,040	19
377	Ptx2	2.6322	12	10	22	18,434	0.73	13,400	50
377	Ptx3	2.7456	10	8	19	18,694	0.78	14,518	41
377	Ptx4	10.2009	11	10	21	72,570	0.77	55,619	143
378	Soft Tissue Procedures (MNRH)	0.8777	78	65	131	5,883	0.74	4,359	19
378	Ptx1	0.6544	65	55	110	4,825	0.65	3,148	13
378	Ptx2	1.4577	6	6	10	10,693	0.56	5,997	15
378	Ptx3	1.4984	3	3	9	10,843	0.44	4,822	28
378	Ptx4	3.8424	4	2	5	24,946	0.30	7,409	52

Schedule 3 – Inpatient Statistical Background

CMU Code	Description	2004/2005									
		Complexity Level	SWRV	Activity	Costed Cases	Blended Costed Cases	Average Cost of Variation	Coefficient of Variation	Standard Deviation	Trim Point	
379	Other Musculoskeletal Procedures (MNRH)	0.7564	665	400	903	5,039	1.04	5.256	7		
379	Ptx1	0.5116	640	332	785	3,660	0.70	2.551	5		
379	Ptx2	1.9764	11	9	20	13,816	0.93	12,916	18		
379	Ptx3	2.7487	4	1	6	21,374	0.92	19,741	48		
379	Ptx4	5.8940	10	8	19	39,447	0.68	27,012	89		
380	Other Lower Extremity Procedures (MNRH)	0.3231	482	251	495	1,697	0.43	729	1		
380	Ptx1	0.2913	481	251	495	1,697	0.43	729	1		
380	Ptx2	0.9354	1	1	5	6,099	0.44	2,706	9		
380	Ptx3									4	
380	Ptx4									4	
381	Hand And Wrist Procedures (MNRH)	0.4494	150	70	138	2,726	0.37	1,022	1		
381	Ptx1	0.4128	149	70	138	2,726	0.37	1,022	1		
381	Ptx2	1.0024			3	6,768	0.44	2,998	10		
381	Ptx3	7.8315	1	1	2	50,201	0.49	24,394	121		
381	Ptx4	3.0127			1	20,677				13	
382	Arthroscopy (MNRH)	0.5319	23	7	17	3,352	0.91	3,048	7		
382	Ptx1	0.3779	20	5	14	2,322	0.69	1,612	4		
382	Ptx2	1.1553			2	7,747	0.75	5,804	11		
382	Ptx3	1.7266	1	1	2	16,458	0.50	8,201	14		
382	Ptx4	1.7850	2	1	1	11,738				64	
383	PWS - Joint Replacement For Malignancy	3.2273	24	16	33	21,683	0.49	10,701	47		
383	Ptx1	2.4035	13	7	19	16,756	0.32	5,316	25		
383	Ptx2	3.1751	8	7	8	22,452	0.37	8,387	44		
383	Ptx3	4.8819	2	2	5	34,226	0.37	12,799	66		
383	Ptx4	7.6664	1	1	5	54,258	0.42	22,809	150		
384	PWS - Back And Neck Procedures For Malignancy	3.8486	16	13	37	25,754	0.67	17,303	61		
384	Ptx1	2.3758	8	7	21	16,294	0.44	7,135	32		
384	Ptx2	4.7724	2	2	5	32,525	0.75	24,259	59		
384	Ptx3	3.9104	3	2	5	27,380	0.48	13,110	35		
384	Ptx4	12.3272	3	3	5	83,654	1.04	86,882	122		

Schedule 3 – Inpatient Statistical Background

CMG Code Description	Complexity Level	SWRV	Activity	2004/2005		Blended Costed Cases	Average Costed Cases	Coefficient of Variation	Standard Deviation	Trim Point
				Costed	Casted					
385 PWS - Major Orthopaedic Oncology Procedures			2.5561	22	12	27	18,547	1.01	18,752	36
385		Ptx1	1.6555	19	9	19	11,633	0.72	8,392	20
385		Ptx2	1.5591	1	1	5	10,405	0.49	5,119	39
385		Ptx3	4.2676	1	1	3	35,539	0.52	18,305	23
385		Ptx4	8.0479	1	1	5	62,037	0.46	28,311	58
386 Other Orthopaedic Oncology Procedures			1.8197	66	44	89	11,891	0.64	7,614	26
386		Ptx1	1.5326	55	36	73	10,643	0.65	6,879	20
386		Ptx2	1.6176	7	4	8	10,663	0.53	5,671	14
386		Ptx3	5.1567	3	2	6	33,222	0.31	10,159	65
386		Ptx4	5.1424	1	1	6	37,329	0.44	16,578	104
391 Secondary Neoplasms And Pathological Fractures			1.6867	677	333	676	10,534	0.78	8,252	51
391		Ptx1	1.2323	457	201	400	8,161	0.70	5,701	41
391		Ptx2	1.7226	125	71	154	11,804	0.69	8,172	58
391		Ptx3	2.2447	55	42	67	14,896	0.65	9,667	62
391		Ptx4	3.8736	40	25	63	25,756	0.91	23,419	106
392 Osteomyelitis			1.5944	136	63	119	10,038	0.85	8,581	50
392		Ptx1	0.9683	82	35	76	6,891	0.63	4,343	31
392		Ptx2	3.0753	25	9	11	19,046	0.81	15,422	87
392		Ptx3	1.8320	20	12	21	11,917	0.52	6,252	49
392		Ptx4	4.0258	9	4	9	26,261	0.99	26,107	141
393 Rheumatoid Arthritis			1.1863	159	73	144	7,684	1.12	8,630	30
393		Ptx1	0.6822	123	51	95	4,766	0.87	4,148	21
393		Ptx2	0.9865	12	9	16	6,558	0.92	6,058	50
393		Ptx3	1.1949	11	4	13	8,082	0.99	8,000	40
393		Ptx4	3.6137	13	7	17	25,322	0.57	14,490	73
394 Septic Arthritis			0.9523	96	40	84	6,003	0.89	5,336	26
394		Ptx1	0.6843	73	33	60	4,726	0.93	4,408	20
394		Ptx2	1.6068	7	1	6	10,918	0.61	6,605	46
394		Ptx3	1.0470	10	5	13	7,111	0.69	4,884	39
394		Ptx4	3.4810	6	3	5	22,925	0.76	17,430	115

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	2004/2005						2005/2006											
		Complexity Level		SWAV		Activity		Blended Costed Cases		Costed Cases		Average Cases		Coefficient of Variation		Standard Deviation		Trim Point	
397	Non-Inflammatory Arthritis			0.96887	248	51	98	5,472	0.78	4,263	30								
397		Pk1	0.7912	204	43	82	4,935	0.78	3,872	24									
397		Pk2	1.9375	23	4	10	11,199	0.75	8,434	56									
397		Pk3	1.5181	14	5	8	10,393	0.93	9,701	122									
397		Pk4	3.5386	7	2	4	24,356	0.20	4,861	90									
398	Other Inflammatory Arthritis			0.7993	614	267	558	5,063	0.87	4,424	21								
398		Pk1	0.5662	467	191	395	4,051	0.70	2,835	18									
398		Pk2	0.9253	69	40	76	6,132	0.71	4,345	34									
398		Pk3	1.7177	56	32	69	11,213	0.93	10,439	56									
398		Pk4	3.0211	22	17	43	20,589	0.90	18,542	63									
399	Orthopaedic Aftercare			0.9718	388	165	362	5,803	0.98	5,661	32								
399		Pk1	0.6260	289	116	258	4,071	0.93	3,785	25									
399		Pk2	1.7732	38	22	50	11,402	0.85	9,693	77									
399		Pk3	1.8093	34	25	46	11,329	0.66	7,438	70									
399		Pk4	2.5175	27	11	19	16,097	0.75	12,007	86									
401	Other Musculoskeletal Malignancies			1.2843	42	22	54	8,858	1.19	10,536	33								
401		Pk1	0.7667	29	16	32	5,429	0.78	4,233	20									
401		Pk2	1.3553	5	3	14	10,204	0.84	8,598	44									
401		Pk3	2.4167	5	1	5	14,537	0.56	8,119	40									
401		Pk4	3.2427	3	2	5	26,524	0.93	24,730	71									
402	Disc Disease			0.8566	851	200	423	5,164	0.74	3,819	27								
402		Pk1	0.6885	759	175	363	4,503	0.66	2,966	24									
402		Pk2	2.0759	49	20	46	12,925	0.77	9,929	69									
402		Pk3	2.2760	26	13	23	15,642	0.69	10,791	87									
402		Pk4	3.6115	17	12	19	22,960	0.67	15,423	99									
404	Other Musculoskeletal Infections			1.0477		4	6,982	0.66	4,580	37									
404		Pk1	1.0519		4	6,982	0.66	4,580	37										
404		Pk2																	
404		Pk3																	
404		Pk4																	

Schedule 3 -- Inpatient Statistical Background

CNG Code Description	Complexity Level	SWRV Activity	2004/2005			Blended			Standard Deviation	Trim Point
			Costed Cases	Avg. Costed Cases	Cost of Variation	Average Coefficient of Variation	Costed Cases	Costed Cases		
407 Other Musculoskeletal Disorders	Pk1	0.8568	126	55	108	5,496	1.24	6,841	20	
407	Pk2	0.5473	97	43	83	3,741	0.74	2,760	13	
407	Pk3	1.2779	11	5	11	9,324	0.79	7,392	35	
407	Pk4	1.3826	4	1	7	8,887	0.74	6,612	34	
409 Back Pain (MNRH)	Pk1	4.5856	14	10	12	31,204	0.61	19,100	134	
409	Pk2	0.6133	1,000	220	404	3,735	0.82	3,071	17	
409	Pk3	0.4623	887	189	343	3,064	0.73	2,245	14	
409	Pk4	1.3436	75	14	34	8,665	0.68	5,860	40	
409	Pk1	1.5237	23	13	22	10,359	0.75	7,797	50	
409	Pk2	1.8424	15	7	12	11,890	0.77	9,151	87	
411 Signs, Symptoms And Deformities (MNRH)	Pk1	0.6339	435	133	278	3,954	0.84	3,312	17	
411	Pk2	0.5545	370	114	244	3,708	0.86	3,187	17	
411	Pk3	1.0846	38	16	28	7,209	0.73	5,294	36	
411	Pk4	1.3852	20	7	15	9,123	0.73	6,620	52	
413 Joint Derangements (MNRH)	Pk1	0.6535	118	37	86	3,977	0.85	3,379	19	
413	Pk2	0.4762	104	26	68	3,240	0.91	2,942	13	
413	Pk3	0.8554	9	6	9	5,252	0.55	2,876	23	
413	Pk4	1.5661	4	2	5	10,298	0.64	6,627	40	
414 Sprains Strains And Minor Injuries (MNRH)	Pk1	1.6285	1	2	2	10,623	0.93	9,870	36	
414	Pk2	0.5082	141	37	82	3,210	0.87	2,797	19	
414	Pk3	0.4162	132	35	76	2,785	0.79	2,189	16	
414	Pk4	1.3482	5	4	8,744	0.75	6,581	42		
414	Pk1	2.4017	2	3	15,249	0.76	11,557	42		
414	Pk2	1.1874	2	1	2	10,002	0.32	3,166	44	
425 Skin Graft And Wound Debridement For Dermatologic Dis Except Ulcer Or Cellulitis	Pk1	0.6300	1,330	478	1,127	3,856	0.50	1,915	4	
425	Pk2	0.5760	1,281	467	1,109	3,821	0.49	1,881	4	
425	Pk3	1.7372	34	22	44	12,044	0.55	6,569	22	
425	Pk4	2.7479	11	2	10	17,673	0.41	7,279	18	

Schedule 3 – Inpatient Statistical Background

CMG Code Description	Complexity Level	SWRV	Activity	2004 / 2005				Blended Costed Cases	Average Coefficient of Variation	Standard Deviation	Trim Point
				Custod. Cases	Avg. Cases	Costed Cases	Average Cost				
425	Px4	4.5441	4	4	18	31,865	0.76	24,122	54		
427 Skin Graft And Wound Debridement For Skin Ulcer Or Cellulitis	Px1	3.8726	52	39	86	24,583	1.11	27,343	111		
427	Px2	1.6781	31	22	58	11,314	0.84	9,452	54		
427	Px3	8.0034	6	4	7	56,240	0.35	19,482	159		
427	Px4	5.4502	1	1	5	36,098	0.45	16,122	103		
428 Breast Procedures Except Biopsy And Local Excision Without Malignancy	Px1	8.6906	14	11	17	58,549	0.67	39,075	164		
428	Px2	0.6345	182	94	269	3,903	0.39	1,523	4		
428	Px3	0.5803	179	93	262	3,829	0.36	1,394	4		
428	Px4	1.2025	2	1	7	8,491	0.71	6,025	7		
428	Px1	2.0823	1	1	2	14,780	1.03	15,262	13		
428	Px2	1.0089		1	1	7,429					
429 Total Mastectomy For Breast Malignancy	Px1	0.6471	1,017	735	1,375	3,859	0.39	1,512	4		
429	Px2	0.5936	994	726	1,355	3,837	0.39	1,503	4		
429	Px3	1.1345	16	11	26	7,234	0.62	4,458	20		
429	Px4	1.3651	7	5	10	8,674	0.26	2,288	17		
429	Px1	3.0491		1	22,453						
432 Subtotal Mastectomy And Other Breast Procedures For Malignancy	Px1	0.5501	801	595	1,190	3,332	0.34	1,143	4		
432	Px2	0.5072	758	591	1,180	3,321	0.34	1,132	4		
432	Px3	0.9001	9	4	11	6,012	0.62	3,743	14		
432	Px4	2.0919	3	3	5	13,780	0.53	7,281	38		
432	Px1	1.0920	1		2	7,271	0.06	401	74		
434 Breast Biopsy And Local Excision Without Malignancy	Px2	0.4232	78	30	73	2,491	0.40	991	1		
434	Px3	0.3865	76	29	72	2,490	0.40	998	1		
434	Px4	0.6627	1	1	3	4,391	0.42	1,863	3		
434	Px1	0.5588	1	1	1	4,155					
434	Px2	83.9137		1	575,926						
435 Perianal And Pilonidal Cyst Procedures	Px1	0.4463	123	26	67	2,554	0.58	1,484	7		
435	Px2	0.3718	113	25	63	2,471	0.57	1,412	7		
435	Px3	0.8406	5	1	5	5,681	0.79	4,471	22		
435	Px4	1.5341	2	1	10,215						

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	2004/2005				2005/2006			
		Complexity Level	SWRV	Activity	Costed Cases	Blended Costed Cases	Average Cost of Variation	Coefficient of Variation	Standard Deviation
435		Pix4	7.2634	3	3	5	51,942	0.97	50,523
436	Plastic Surgery	Pix1	0.5904	87	27	56	3,732	0.47	1,737
436		Pix2	3.7781	1	1	1	25,794		31
436		Pix3	2.2509			1	14,989		46
436		Pix4	4.4119			1	25,066		82
437	Other Dermatological Procedures Without Malignancy Or Skin Ulcer Or Cellulitis	Pix1	0.6802	255	143	285	4,408	0.74	3,265
437		Pix2	0.5433	228	123	249	3,806	0.70	2,674
437		Pix3	1.0768	12	11	18	7,516	0.66	4,960
437		Pix4	2.0198	8	6	11	14,545	0.76	10,996
438	Other Dermatological Procedures For Malignancy Or Skin Ulcer Or Cellulitis	Pix1	4.8562	7	4	10	33,436	0.50	16,696
438		Pix2	1.5439	187	113	233	9,795	1.18	11,553
438		Pix3	0.8204	145	84	166	5,592	0.70	3,913
438		Pix4	2.4020	15	10	24	15,696	0.85	13,419
438		Pix1	2.5854	12	6	18	17,450	0.80	13,939
438		Pix2	6.9288	15	11	31	47,331	0.88	41,461
439	Skin Ulcer	Pix1	2.4854	168	54	99	14,651	0.80	11,687
439		Pix2	1.7170	101	28	53	10,859	0.71	7,750
439		Pix3	2.0881	22	6	10	12,935	0.61	7,835
439		Pix4	2.2706	30	15	21	14,652	0.64	9,407
439		Pix1	5.1295	15	5	16	34,162	0.65	22,373
440	Major Skin Disorders	Pix2	0.6978	146	53	99	4,726	0.85	4,017
440		Pix3	0.5617	118	45	83	4,021	0.83	3,328
440		Pix4	0.8520	15	4	10	6,706	0.77	5,177
440		Pix1	1.8163	12	5	8	13,430	0.45	6,052
440		Pix2	6.8202	1	1	5	47,853	0.87	41,579
443	Malignant Breast Disorders	Pix3	1.3155	90	26	63	8,024	0.78	6,243
443		Pix4	0.8602	42	11	26	5,748	0.74	4,264
443		Pix1	1.3512	30	9	19	8,690	0.77	6,689
443		Pix2							48

Schedule 3 – Inpatient Statistical Background

CMG Code Description	Complexity Level	SWIN Activity	2004/2005				Blended Costed Cases	Average Coefficient Cost of Variation	Standard Deviation	Trim Point	
			Ptx3	Ptx4	Costed Cases	Average Coefficient Cost of Variation					
443			1.5253	9	1	8	9,488	0.39	3,675	70	
443			1.6942	9	5	10	11,502	0.81	9,312	60	
446 Non-Malignant Breast Disorders			0.2970	39	15	30	1,848	0.47	866	7	
446			0.2733	39	15	30	1,848	0.47	866	7	
446			Ptx2						5		
446			Ptx3								
446			Ptx4								
447 Cellulitis			0.7425	1,919	708	1,296	4,503	0.74	3,318	18	
447			Ptx1	0.5701	1,565	540	965	3,774	0.72	2,717	15
447			Ptx2	0.9554	200	92	179	6,180	0.58	3,571	26
447			Ptx3	1.1558	112	60	114	7,508	0.71	5,323	35
447			Ptx4	2.4769	42	25	70	16,051	0.70	11,233	75
452 Trauma Of Skin, Subcutaneous Tissue And Breast			0.4670	300	76	154	2,951	0.73	2,152	13	
452			Ptx1	0.3753	263	60	125	2,595	0.68	1,760	10
452			Ptx2	0.7871	23	7	16	4,965	0.77	3,841	33
452			Ptx3	0.6724	11	5	11	4,454	0.61	2,731	31
452			Ptx4	1.2972	3	1	2	8,750	0.91	7,943	53
454 Minor Skin Disorders			0.5173	397	146	262	3,428	1.25	4,300	13	
454			Ptx1	0.4198	347	129	231	3,017	1.05	3,167	10
454			Ptx2	0.9937	27	9	20	7,103	0.92	6,500	36
454			Ptx3	2.5318	15	7	12	19,100	1.32	25,261	47
454			Ptx4	2.5837	8	6	12	18,027	0.84	15,128	76
476 PWS - Adrenal And Pituitary Procedures			1.5298	102	88	204	10,316	0.54	5,558	15	
476			Ptx1	1.2172	79	68	161	8,516	0.40	3,385	9
476			Ptx2	2.7472	11	10	21	20,061	0.59	11,855	32
476			Ptx3	2.7577	5	5	10	21,256	0.58	12,365	41
476			Ptx4	4.3752	7	6	8	31,560	0.46	14,573	47
477 Parathyroid Procedures			0.6414	191	135	270	4,345	0.42	1,824	7	
477			Ptx1	0.5708	175	125	245	4,064	0.36	1,475	4
477			Ptx2	1.1376	7	5	9	8,357	0.37	3,099	14

Schedule 3 – Inpatient Statistical Background

CMG Code Description	Complexity Level	SWRN	Activity	2004/2005		Blended Costed Cases	Average Cost per Case	Coefficient of Variation	Standard Deviation	Trimmed Point Estimate
				Plx3	Plx4					
477				0.8841	7	5	9	6,404	0.42	2,720
477				6.2951	2	2	5	43,505	0.48	21,099
478 Obesity Procedures										
478			Plx1	0.9698	414	101	187	6,187	0.39	2,435
478			Plx2	1.2541	7	2	8	8,035	0.33	2,664
478			Plx3	1.6922	3	2	5	10,790	0.50	5,365
478			Plx4	5.4777	4	2	4	34,549	0.64	22,134
479 Thyroid Procedures										
479			Plx1	0.6424	925	703	1,446	4,039	0.40	1,631
479			Plx2	0.5924	898	693	1,423	4,005	0.40	1,614
479			Plx3	0.9742	4	3	12	6,407	0.30	1,893
479			Plx4	1.2341	17	13	19	8,900	0.50	4,470
479			Plx5	3.3267	6	5	9	23,866	0.50	12,051
480 Thyroglossal Procedures										
480			Plx1	0.4379	9	6	16	2,636	0.42	1,105
480			Plx2							4
480			Plx3							
480			Plx4							
482 Other Endocrine, Nutrition And Metabolic Procedures										
482			Plx1	4.4565	112	89	186	29,320	1.03	30,189
482			Plx2	4.1534	69	57	110	29,684	1.10	32,693
482			Plx3	3.7516	11	6	21	25,962	1.09	28,424
482			Plx4	3.4976	16	12	22	25,492	0.79	20,041
482			Plx5	8.0578	16	15	42	54,448	1.04	56,427
483 Diabetes										
483			Plx1	0.6561	2,802	955	1,878	4,050	0.97	3,933
483			Plx2	0.4508	2,124	690	1,369	3,045	0.81	2,453
483			Plx3	1.0037	325	126	215	6,455	0.78	5,049
483			Plx4	0.9344	230	89	197	6,269	0.82	5,145
483			Plx5	2.5843	123	78	136	17,089	1.09	18,561
485 Nutritional And Miscellaneous Metabolic Disorders										
485			Plx1	0.7406	2,298	934	1,839	4,664	1.01	4,701
485			Plx2	0.5079	1,683	600	1,180	3,459	0.95	3,293
485			Plx3	0.9407	357	180	342	6,378	0.78	5,001
485			Plx4							27

Schedule 3 – Inpatient Statistical Background

CMO Code Description	Complexity Level	2004/2005							
		SWIN	Activity	Costed Cases	Cased Cases	Average Cost of Variation	Coefficient of Variation	Standard Deviation	Third Point
485	Pix3	1.1306	181	114	219	7,605	1.03	7,854	36
485	Pix4	1.8853	77	51	120	12,885	0.83	10,636	65
487 Cystic Fibrosis	Pix1	1.8111	109	82	180	13,340	0.55	7,369	28
487	Pix1	1.6533	64	48	113	13,711	0.53	7,292	30
487	Pix2	1.5196	14	11	19	11,493	0.58	6,722	30
487	Pix3	1.5759	21	18	35	11,846	0.61	7,251	30
487	Pix4	3.4705	10	8	17	27,071	0.90	24,409	48
488 Inborn Errors Of Metabolism	Pix1	1.6944	61	37	79	13,415	1.71	22,991	20
488	Pix1	1.5748	47	28	65	14,028	1.74	24,389	17
488	Pix2	0.6482	4	4	8	4,386	0.52	2,262	24
488	Pix3	2.3740	8	5	5	21,554	1.05	22,633	29
488	Pix4	5.6586	2	2	5	46,564	0.94	43,629	106
489 Endocrine Disorders	Pix1	0.7877	338	132	304	5,050	0.99	4,998	22
489	Pix1	0.5416	283	105	233	3,747	0.73	2,732	16
489	Pix2	1.4522	32	19	41	9,704	0.78	7,568	56
489	Pix3	1.4307	15	9	21	9,576	0.73	6,954	58
489	Pix4	3.9957	8	5	12	28,641	1.11	31,725	99
500 PWS - Kidney Transplant	Pix1	3.2904	133	123	249	22,585	0.51	11,616	25
500	Pix1	2.2900	70	65	131	16,530	0.27	4,478	13
500	Pix2	2.5777	13	11	24	18,412	0.31	5,747	19
500	Pix3	3.7763	21	21	47	27,457	0.42	11,426	26
500	Pix4	6.2570	29	25	48	44,830	0.60	27,085	52
501 Urinary Diversion And Augmentation	Pix1	2.5030	115	101	212	15,513	0.46	7,178	29
501	Pix1	1.9323	76	69	141	13,041	0.38	4,997	22
501	Pix2	2.6161	12	11	23	17,338	0.38	6,562	35
501	Pix3	3.4936	8	7	23	22,606	0.51	11,429	47
501	Pix4	4.8047	19	18	34	31,630	0.64	20,097	74
502 Radical Prostatectomy	Pix1	1.1347	672	625	1,270	6,788	0.25	1,711	9
502	Pix1	1.0351	642	607	1,204	6,717	0.25	1,652	9
502	Pix2	1.2258	19	11	49	7,864	0.28	2,186	10

Schedule 3 -- Inpatient Statistical Background

CMG Code Description	Complexity Level	SWRV	Activity	2004/2005				Blended Costed Cases	Average Cost of Variation	Coefficient of Variation	Standard Deviation	Trim Point
				Costed	Casted	Cases	Cost					
502		Pix3	1.3853	9	7	16	9,156	0.29	2,683	17		
502		Pix4	1.7506	2	2	6	11,194	0.29	3,246	32		
503 Dialysis Procedures			1.3030	159	142	282	8,826	1.30	11,507	40		
503		Pix1	0.3742	108	74	153	2,624	0.51	1,335	5		
503		Pix2	1.0902	24	22	44	8,104	1.41	11,397	40		
503		Pix3	3.6165	11	9	22	25,623	0.68	17,495	68		
503		Pix4	11.1191	16	15	34	78,640	0.82	64,575	215		
504 Major Urinary Tract Procedures			1.2602	750	608	1,170	8,025	0.51	4,090	15		
504		Pix1	1.0995	655	541	1,030	7,581	0.49	3,749	12		
504		Pix2	1.5974	40	33	80	11,052	0.51	5,635	20		
504		Pix3	1.8482	29	23	39	12,435	0.55	6,892	24		
504		Pix4	5.5811	26	22	40	37,985	0.99	37,647	72		
505 Reconstructive Urological Procedures			0.8199	71	45	92	4,968	0.67	3,343	13		
505		Pix1	0.7003	60	41	84	4,604	0.66	3,042	13		
505		Pix2	1.9364	6	5	10	12,377	0.68	8,418	24		
505		Pix3	0.5760	2	2	2	3,836	0.04	139	30		
505		Pix4	8.0962	3	3	3	60,932	0.95	57,755	55		
506 Open Prostatectomy			1.0084	11	8	28	5,973	0.44	2,657	12		
506		Pix1	0.8099	8	6	23	5,111	0.35	1,782	11		
506		Pix2	1.2125	1	1	5	7,919	0.40	3,183	12		
506		Pix3	1.6853	1	1	2	10,643	0.11	1,124	11		
506		Pix4	2.5150	1	1	2	17,902	0.33	5,917	21		
507 Vascular And Other Urinary Procedures			2.7870	28	21	42	18,099	0.99	17,959	42		
507		Pix1	1.3390	16	10	22	8,925	1.07	9,505	15		
507		Pix2	2.5254	1	1	5	17,025	0.68	11,562	45		
507		Pix3	1.9009	1	1	5	13,003	0.67	8,766	34		
507		Pix4	6.2308	10	10	16	44,472	0.64	28,445	114		
508 Minor Upper Urinary Tract Procedures			1.0572	276	198	422	6,483	0.48	3,133	14		
508		Pix1	0.8935	232	174	373	5,896	0.42	2,459	8		
508		Pix2	1.2671	11	3	14	8,157	0.44	3,628	23		

Schedule 3 – Inpatient Statistical Background

CMG Code Description	Complexity Level	SWRV	Activity	2004/2005				Standard Deviation	Time Point
				Casted Gases	Blended Gases	Average Cost of Variation	Coefficient		
508	Px3	1.9467	21	13	25	13,382	0.30	4,072	26
508	Px4	4.5195	12	8	14	33,377	1.17	38,902	89
509 Minor Lower Urinary Tract Procedures	Px1	0.8101	191	97	182	5,150	0.49	2,512	10
509	Px2	0.7514	177	96	177	5,149	0.49	2,538	10
509	Px3	1.7366	10	2	6	11,952	0.81	9,673	30
509	Px4	3.0288	3	2	4	22,196	0.98	21,844	62
510 Transurethral Prostatectomy	Px1	2.5237	1		4	16,455	0.71	11,710	77
510	Px2	0.5274	1,495	667	1,654	3,041	0.42	1,281	7
510	Px3	0.4694	1,402	638	1,593	2,965	0.39	1,157	7
510	Px4	0.9816	53	26	57	6,284	0.57	3,597	17
510	Px3	1.1107	27	14	24	7,132	0.53	3,766	37
510	Px4	2.0681	13	7	11	14,050	0.50	6,992	39
512 Other Transurethral Or Biopsy Procedures (MNRH)	Px1	0.3607	1,881	1,086	2,255	2,101	0.43	903	4
512	Px2	0.3259	1,821	1,073	2,230	2,083	0.42	874	4
512	Px3	0.9215	28	15	36	6,032	0.64	3,869	26
512	Px4	1.0381	18	9	18	6,562	0.58	3,835	34
512	Px3	3.7474	14	9	17	24,926	0.78	19,496	100
514 Miscellaneous Urinary Tract Procedures (MNRH)	Px1	0.3344	25	14	23	1,943	0.46	902	4
514	Px2	0.3061	25	14	23	1,943	0.46	902	3
514	Px3							28	
514	Px4								
520 Renal Failure With Dialysis	Px1	2.6794	198	131	264	17,802	0.84	14,936	58
520	Px2	1.7453	76	44	95	12,388	0.73	9,002	48
520	Px3	1.8949	43	24	57	13,403	0.69	9,240	49
520	Px4	2.6882	39	30	51	18,886	0.74	13,961	63
520	Px3	4.7177	40	35	63	32,791	0.78	25,626	77
521 Renal Failure Without Dialysis	Px1	1.1425	1,258	567	1,100	7,032	1.01	7,111	33
521	Px2	0.7403	748	340	623	4,890	0.84	4,090	21
521	Px3	1.0900	276	110	215	7,165	0.76	5,437	34

Schedule 3 -- Inpatient Statistical Background

CMG Code Description	Complexity Level	SWRV	Activity	2004/2005			
				Costed Cases	Blended Cases	Average Cost	Coefficient of Variation
521	Px3	1.4985	142	68	153	9,824	0.77
521	Px4	2.8133	92	51	122	18,914	0.83
522 Urinary Neoplasm	Px1	1.3405	396	153	308	8,222	0.87
522	Px2	0.8615	215	71	144	5,667	0.89
522	Px3	1.3392	113	47	90	8,804	0.83
522	Px4	1.7686	36	19	40	11,711	0.90
522	Px1	2.7729	32	17	40	18,881	0.68
524 Nephrotic Syndrome	Px3	0.5977	60	33	66	4,090	0.54
524	Px1	0.4963	44	26	51	3,709	0.51
524	Px2	0.7107	6	1	5	4,808	0.43
524	Px3	0.7825	7	6	10	5,674	0.56
524	Px4	3.2268	3	1	5	21,523	0.44
525 Nephropathy Without Nephrotic Syndrome	Px1	0.7979	78	50	92	5,435	0.80
525	Px2	0.4701	50	30	54	3,550	0.72
525	Px3	0.9102	4	3	10	6,368	0.92
525	Px4	1.2755	18	11	21	9,558	0.59
525	Px1	1.4933	6	4	6	11,112	0.78
526 Miscellaneous Nephrological Diagnosis	Px2	0.6026	22	14	27	4,050	0.78
526	Px1	0.4993	18	13	21	3,703	0.76
526	Px2	1.3598	2	1	5	8,886	0.68
526	Px3	0.7533	1		4	5,215	0.87
526	Px4	6.7009	1	1	2	41,517	1.11
527 Upper Urinary Tract Infection	Px1	0.5775	1,037	431	841	3,657	0.67
527	Px2	0.4998	911	376	741	3,476	0.66
527	Px3	0.8916	55	26	46	6,121	0.63
527	Px4	2.0047	18	15	25	13,696	0.91
529 Lower Urinary Tract Infection	Px1	0.8816	2,071	989	1,763	4,871	0.79
529	Px2	0.5755	1,583	664	1,199	3,786	0.65
529	Px3	0.9867	256	143	249	6,464	0.69
529	Px4					4,460	28

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	2004/2005						Blended Coefficient of Variation	Standard Deviation	Trim Point
		Complexity Level	SWIV Code	Activity	Costed Cases	Average	Coefficient			
529		Pix3	0.9464	145	99	181	6,201	0.66	4,103	28
529		Pix4	2.1774	87	72	131	14,734	0.90	13,331	51
532	Urinary Retention And Other Functional Disorders Of Bladder	Pix1	0.5474	272	95	172	3,311	1.01	3,360	16
532		Pix2	0.4593	231	83	153	3,014	1.08	3,245	13
532		Pix3	0.8203	25	7	12	5,167	0.63	3,245	31
532		Pix4	1.4303	13	6	7	10,137	0.85	8,660	41
532		Pix1	1.8436	3	1	4	11,638	0.90	10,526	72
534	Miscellaneous Urological Diagnoses (MNRH)	Pix3	0.4783	223	132	290	2,952	0.82	2,417	13
534		Pix1	0.3891	200	116	251	2,554	0.74	1,892	10
534		Pix2	0.6965	15	10	21	5,144	0.77	3,978	24
534		Pix3	1.0859	7	5	13	7,988	1.14	9,090	28
534		Pix4	3.6061	1	5	23	3,346	0.54	12,643	70
535	Hematuria (MNRH)	Pix1	0.4797	277	118	227	2,844	0.79	2,253	14
535		Pix2	0.3894	246	101	200	2,510	0.73	1,830	13
535		Pix3	0.8451	15	11	16	5,422	0.69	3,750	25
535		Pix4	0.9139	11	7	10	6,481	0.69	4,464	26
535		Pix1	2.1709	5	5	8	13,705	0.55	7,566	46
536	Urinary Obstruction (MNRH)	Pix2	0.3419	2,064	719	1,418	1,980	0.75	1,482	7
536		Pix1	0.3029	1,969	685	1,359	1,923	0.74	1,425	7
536		Pix2	0.6026	48	15	31	3,766	0.73	2,757	20
536		Pix3	0.7340	42	23	38	4,871	0.78	3,787	23
536		Pix4	2.2757	5	4	10	14,368	0.71	10,214	78
538	Admission For Dialysis (MNRH)	Pix1	0.7031	1	1	4	4,960	0.57	2,823	19
538		Pix2	0.4729	1	1	2	3,401	0.59	2,012	18
538		Pix3	1.1911		1	8,771			7	
538		Pix4	0.5793		1	4,266			2	
550	Major Pelvic And Retroperitoneum Procedures	Pix1	2.6619	4	3	5	18,218	0.76	13,774	22
550		Pix2	1.5651	3	3	4	12,148	0.22	2,703	10
550		Pix3	5.8715	1	1	1	43,665		28	

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	2004/2005				2005/2006			
		Complexity Level	SWRV	Activity	Costed Cases	Blended Costed Cases	Average Cost of Variation	Coefficient of Variation	Standard Deviation
550		Pix3	Pix4	6.1922	1	42,499	15		
550		Pix4		6.1922	1	42,499	15		
551	Penis Procedures		0.5038	99	75	159	3,508	0.46	1,610
551		Pix1	0.4622	96	74	158	3,505	0.46	1,615
551		Pix2	0.9107	3	1	4	6,031	0.29	1,768
551		Pix3							21
551		Pix4	11.1862		5	75,207	0.82	61,324	176
552	Testes Procedures		0.4286	170	115	227	2,633	0.51	1,350
552		Pix1	0.3898	159	113	224	2,627	0.52	1,353
552		Pix2	1.0547	3	1	5	7,029	0.84	5,931
552		Pix3	3.1435	2	2	4	21,915	0.89	19,476
552		Pix4	9.9520	6	5	8	64,989	1.12	72,467
554	Miscellaneous Male Reproductive System Procedures (MNRH)		0.3137	179	71	146	1,917	0.60	1,158
554		Pix1	0.2796	171	70	145	1,892	0.59	1,124
554		Pix2	1.5675	3		2	10,220	0.51	5,205
554		Pix3	0.3690		1	3,465			3
554		Pix4	6.7229	5	4	5	45,588	0.98	44,894
555	Circumcision (MNRH)		0.3843	51	8	16	2,050	0.43	884
555		Pix1	0.3408	48	8	16	2,050	0.43	884
555		Pix2	0.4842	3		1	4,547		12
555		Pix3							17
555		Pix4							
560	Malignancy Of Male Reproductive Organ		1.7623	8	5	6	11,998	0.72	8,680
560		Pix1	1.0611	6	3	4	7,379	0.71	5,229
560		Pix2	1.2695	1		1	8,453		15
560		Pix3	1.4134	1	1	2	9,213	0.10	934
560		Pix4	3.0931		1	22,777			13
561	Male Reproductive System Inflammation		0.4702	108	41	84	2,861	0.70	2,010
561		Pix1	0.4168	101	37	78	2,780	0.72	2,007
561		Pix2	0.5470	5	3	5	3,221	0.30	957
561		Pix3							12
561		Pix4							

Schedule 3 – Inpatient Statistical Background

CAGC Code Description	Complexity Level	SWRV	Activity	2004/2005		Coefficient of Variation	Standard Deviation	Trim Point
				Costed Cases	Blended Cases			
561	Ptx3	0.7178	1	1	2	4,871	0.73	3,562
561	Ptx4	1.0489	1	1	1	6,984		11
562 Other Male Reproductive System Diagnoses	Ptx1	0.3895	15	9	17	2,315	0.73	1,699
562	Ptx2	0.3371	13	9	16	2,212	0.77	1,698
562	Ptx3	0.4887	1	2	2,912	0.52	1,501	10
562	Ptx4	2.2880	1	2	15,026	0.07	1,013	103
563 Miscellaneous Male Reproductive System Diagnoses (MNRH)	Ptx1	0.3896	15	5	15	2,501	0.73	1,817
563	Ptx2	0.3654	15	5	14	2,547	0.74	1,876
563	Ptx3	0.2707		1	1,858			60
563	Ptx4							69
575 PWS - Pelvic Exenteration	Ptx1	2.4945	2	1	4	17,003	0.33	5,683
575	Ptx2	2.5558	1	1	2	18,500	0.41	7,647
575	Ptx3	2.3027		2	15,507	0.35		45
575	Ptx4	6.5628	1	1	1	47,064		
576 PWS - Radical Hysterectomy And Vulvectomy	Ptx1	1.2302	80	64	142	7,884	0.31	2,450
576	Ptx2	1.1140	68	55	118	7,483	0.29	2,172
576	Ptx3	1.4271	6	6	9	10,021	0.29	2,860
576	Ptx4	1.4000	2	1	10	9,287	0.34	3,139
576	Ptx5	5.2060	4	4	7	37,264	0.67	25,142
577 Major Gynecological Procedures For Ovarian Or Adnexal Malignancy	Ptx1	1.3035	240	199	379	8,287	0.50	4,135
577	Ptx2	1.0908	174	146	278	7,223	0.40	2,914
577	Ptx3	1.2763	22	18	36	8,820	0.37	3,300
577	Ptx4	1.6022	26	23	40	11,160	0.25	2,805
577	Ptx5	2.9030	18	16	33	19,749	0.64	12,604
578 Major Gynecological Procedures For Malignancy Except Ovarian Or Adnexal	Ptx1	0.9343	388	300	590	5,747	0.40	2,277
578	Ptx2	0.8385	338	269	527	5,455	0.38	2,098
578	Ptx3	1.1282	17	16	37	7,672	0.28	2,159
578	Ptx4							11

Schedule 3 – Inpatient Statistical Background

CMG Code Description	Complexity Level	SWRN Activity	2004/2005						
			Costed Cases	Average Cost of Variation	Coefficient of Variation	Blended	Standard Deviation	Trim Point	
578	Ptx3	1,4755	22	14	28	10,219	0.39	3,990	18
578	Ptx4	2,3718	11	8	15	16,588	0.58	9,694	47
579 Major Uterine And Adnexal Procedures Without Malignancy	Ptx1	0,7125	6,016	4,080	8,286	4,147	0.37	1,532	8
579	Ptx1	0,6479	5,818	3,975	8,041	4,083	0.36	1,460	8
579	Ptx2	1,0121	101	70	148	6,483	0.42	2,693	13
579	Ptx3	1,1738	75	45	112	7,560	0.44	3,295	16
579	Ptx4	1,6159	22	13	36	10,316	0.69	7,157	19
581 Reconstructive Gynecological Procedures	Ptx1	0,6390	1,262	832	1,713	3,801	0.44	1,680	8
581	Ptx1	0,5902	1,238	818	1,686	3,778	0.45	1,702	10
581	Ptx2	1,1589	13	10	27	7,796	0.33	2,573	16
581	Ptx3	1,2907	5	4	17	8,379	0.51	4,295	20
581	Ptx4	1,6810	6	5	8	10,794	0.39	4,239	23
582 Other Gynecological Procedures	Ptx1	0,7193	138	75	156	4,401	0.68	3,004	11
582	Ptx1	0,6207	122	67	144	4,092	0.64	2,637	10
582	Ptx2	0,7105	6	3	5	4,554	0.28	1,294	18
582	Ptx3	1,5230	5	4	6	9,801	0.60	5,923	19
582	Ptx4	1,6477	5	4	5	11,608	0.11	1,312	22
583 Radio-Implant For Malignancy	Ptx1	0,4722	60	23	51	3,329	0.26	861	8
583	Ptx1	0,4601	54	22	50	3,355	0.25	849	8
583	Ptx2	1							8
583	Ptx3	2							28
583	Ptx4	0,8325	3	2	2	5,849	0.93	5,422	25
584 Vagina, Cervix And Vulva Procedures	Ptx1	0,5513	290	203	350	3,202	0.45	1,448	7
584	Ptx1	0,5078	284	201	345	3,176	0.45	1,428	7
584	Ptx2	0,8641	3	2	5	5,796	0.62	3,613	23
584	Ptx3	1,3342	3	2	3	9,008	0.13	1,145	17
584	Ptx4								5
585 Gynecological Laparoscopy (MNRH)	Ptx1	0,4023	46	19	37	2,339	0.48	1,130	7
585	Ptx1	0,3585	46	19	36	2,296	0.49	1,115	7
585	Ptx2	0,7946	1			3,882			

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWIN	Activity	2004/2005		Standard Deviation	Trim Fifth
					Costed Cases	Blended Costed Cases		
585		Pix3						3
585		Pix4						
586	Tubal Interruption (MNRH)	Pix1	0.3955	46	6	16	2,316	0.56
586		Pix2	0.3504	45	5	15	2,249	0.59
586		Pix3	0.5203	1	1	1	3,330	1,317
586		Pix4						3
587	Miscellaneous Gynecological Procedures (MNRH)	Pix1	0.2317	411	299	533	1,368	0.54
587		Pix2	0.2113	399	297	529	1,354	0.53
587		Pix3	0.5973	5	3	5	4,209	0.66
587		Pix4	2.0003	4	2	5	13,628	0.66
587		Pix5	5.8523	3	3	5	37,990	0.60
592	Malignancy Of Female Reproductive Organ	Pix1	1.0587	159	75	145	6,525	0.87
592		Pix2	0.6872	104	41	77	4,485	0.74
592		Pix3	1.0741	33	18	41	6,958	0.81
592		Pix4	1.2967	11	8	15	8,716	0.55
592		Pix5	2.5985	11	9	13	17,140	0.62
594	Female Reproductive System Infection	Pix1	0.4053	181	78	156	2,404	0.64
594		Pix2	0.3689	177	76	151	2,365	0.66
594		Pix3	1.0150	3	2	6	6,583	0.54
594		Pix4	0.4520	1	1	3	3,149	0.45
595	Other Female Reproductive System Diagnoses And Injuries	Pix1	0.2476	15	5	15	1,467	0.69
595		Pix2	0.2072	12	4	12	1,365	0.70
595		Pix3	0.2906	1	1	4	1,890	0.74
595		Pix4	0.8528	2	2	3	5,469	0.43
595		Pix5						1
596	Miscellaneous Gynecological Diagnoses (MNRH)	Pix1	0.3120	515	238	486	1,845	0.79
596		Pix2	0.2827	496	230	471	1,804	0.80
596		Pix3	0.5300	14	7	12	3,432	0.57
596		Pix4						1,953

Schedule 3 -- Inpatient Statistical Background

CHG Code	Description	Complexity Level	SWRV	Activity	2004/2005		Blended		Average Coefficient of Variation	Standard Deviation	Trim Point(s)
					Costed Cases	Costed Cases	Average Coefficient of Variation				
596		Ptx3	0.4724	5	2	5	3,071	0.33	1,023	16	93
596		Ptx4									
599	Premature Labour		0.4220	535	333	671	2,497	0.69	1,716	10	
599		Ptx9	0.3956	535	333	671	2,497	0.69	1,716	10	
600	Major Procedures In Pregnancy Or Childbirth		0.9977	202	155	275	5,934	0.64	3,775	12	
600		Ptx9	0.9238	202	155	275	5,934	0.64	3,775	12	
601	Repeat Caesarean Delivery With Complicating Diagnosis		0.6167	1,201	844	1,598	3,662	0.35	1,280	6	
601		Ptx9	0.5711	1,201	844	1,598	3,662	0.35	1,280	6	
602	Caesarean Delivery With Complicating Diagnosis		0.7710	3,091	2,133	4,139	4,573	0.50	2,308	9	
602		Ptx9	0.7152	3,091	2,133	4,139	4,573	0.50	2,308	9	
603	Repeat Caesarean Delivery		0.5063	2,500	1,571	3,063	2,968	0.29	866	5	
603		Ptx9	0.4669	2,500	1,571	3,063	2,968	0.29	866	5	
604	Caesarean Delivery		0.6468	3,267	2,230	4,447	3,773	0.28	1,072	6	
604		Ptx9	0.5960	3,267	2,230	4,447	3,773	0.28	1,072	6	
605	Fetal Surgery		0.6237	5	5	7	3,660	0.70	2,552	7	
605		Ptx9	0.5876	5	5	7	3,660	0.70	2,552	7	
606	Vaginal Delivery With Sterilization Procedures		0.5754	105	9	28	3,312	0.39	1,297	5	
606		Ptx9	0.5269	105	9	28	3,312	0.39	1,297	5	
607	Vaginal Delivery With Minor Procedures		0.5259	251	130	248	3,009	0.51	1,529	5	
607		Ptx9	0.4852	251	130	248	3,009	0.51	1,529	5	
608	Vaginal Delivery After Caesarean (VBAC) With Complicating Diagnosis		0.4119	433	277	544	2,445	0.38	937	4	
608		Ptx9	0.3820	433	277	544	2,445	0.38	937	4	
609	Vaginal Delivery With Complicating Diagnosis		0.4288	11,200	7,793	15,318	2,532	0.50	1,258	7	
609		Ptx9	0.3971	11,200	7,793	15,318	2,532	0.50	1,258	7	
610	Vaginal Delivery After Caesarean Delivery (VBAC)		0.3642	678	390	838	2,146	0.41	886	4	
610		Ptx9	0.3367	678	390	838	2,146	0.41	886	4	
611	Vaginal Delivery		0.3375	17,314	10,012	20,220	1,970	0.45	886	4	
611		Ptx9	0.3110	17,314	10,012	20,220	1,970	0.45	886	4	
612	Ectopic Pregnancy With Major Procedures		0.7046	130	80	167	4,111	0.48	1,983	8	

Schedule 3 – Inpatient Statistical Background

CMG Code Description	Complexity Level	SWRY	Activity	Blended		Average Cost of Variation	Coefficient of Variation	Standard Deviation	Trim Point
				Costed Cases	Costed Cases				
612		Pix9	0.6524	130	80	167	4,111	0.48	1,983
613 Ectopic Pregnancy With Minor Procedures		Pix9	0.4089	311	235	493	2,421	0.35	856
613		Pix9	0.3780	311	235	493	2,421	0.35	856
614 Ectopic Pregnancy		Pix9	0.1209	97	54	111	684	0.70	481
614		Pix9	0.1120	97	54	111	684	0.70	481
615 Threatened Abortion		Pix9	0.1801	175	49	98	1,029	0.58	592
615		Pix9	0.1663	175	49	98	1,029	0.58	592
616 Abortive Outcome With Injection		Pix9	0.2938	18	12	34	1,675	0.60	1,007
616		Pix9	0.2755	18	12	34	1,675	0.60	1,007
617 Abortive Outcome With D And C		Pix9	0.1735	1,681	1,014	2,078	1,016	0.44	447
617		Pix9	0.1595	1,681	1,014	2,078	1,016	0.44	447
618 Abortive Outcome		Pix9	0.2125	566	181	350	1,298	0.78	1,009
618		Pix9	0.1990	566	181	350	1,298	0.78	1,009
619 False Labour LOS < 3 Days (MNRH)		Pix9	0.1465	1,146	389	774	868	0.59	512
619		Pix9	0.1359	1,146	389	774	868	0.59	512
620 Post-Partum Diagnosis With Procedures Other Than D And C		Pix9	0.7422	34	19	35	4,451	0.80	3,557
620		Pix9	0.6843	34	19	35	4,451	0.80	3,557
621 Post-Partum Diagnosis With D And C		Pix9	0.2383	181	112	243	1,377	0.57	778
621		Pix9	0.2186	181	112	243	1,377	0.57	778
622 Post-Partum Diagnosis		Pix9	0.3109	805	410	854	1,867	0.89	1,664
622		Pix9	0.2891	805	410	854	1,867	0.89	1,664
623 Antepartum Diagnosis With Complicating Diagnosis		Pix9	0.3468	1,365	652	1,362	2,057	0.83	1,702
623		Pix9	0.3227	1,365	652	1,362	2,057	0.83	1,702
624 Antepartum Diagnosis		Pix9	0.2383	2,409	944	1,797	1,405	0.65	910
624		Pix9	0.2214	2,409	944	1,797	1,405	0.65	910
625 PWS - Neonates Weight < 750 Grams		Pix9	2.2126	174	31	110	14,099	1.63	22,799
625		Pix9	2.1013	174	31	110	14,099	1.63	22,799
626 PWS - Neonates Weight 750-999 Grams		Pix9	12.4033	90	82	190	78,560	0.81	63,825
626		Pix9	11.7848	90	82	190	78,560	0.81	63,825

Schedule 3 – Inpatient Statistical Background

CMG Code Description	Complexity Level	SWRV	Activity	2004/2005		Blended Costed Cases	Average Cost of Variation	Coefficient Variation	Standard Deviation	Trim Point
				Costed	Cases					
627 PWS - Neonates Weight 1000-1499 gm With Catastrophic Diagnosis	8.8359	2	2	6	58,354	0.68	39,514	114		
627 PWS - Neonates Weight 1000-1499 gm Without Catastrophic Diagnosis	Ptx9	8.4564	2	2	58,354	0.68	39,514	114		
628 PWS - Neonates Weight 1000-1499 gm Without Catastrophic Diagnosis	6.4114	393	354	712	39,409	0.85	33,662	98		
628 PWS - Neonates Weight 1500-1999 gm With Catastrophic Diagnosis	Ptx9	6.0276	393	354	712	39,409	0.85	33,662	98	
630 PWS - Neonates Weight 1500-1999 gm With Catastrophic Diagnosis	8.5190	1	1	5	51,355	0.66	33,811	62		
630 PWS - Neonates Weight 1500-1999 gm Without Catastrophic Diagnosis	Ptx9	8.0552	1	1	5	51,355	0.66	33,811	62	
631 Neonates Weight 1500-1999 gm With Major Problem Diagnosis	4.4348	185	165	389	27,713	0.89	24,689	69		
631 Neonates Weight 1500-1999 gm Without Major Problem Diagnosis	Ptx9	4.1597	185	165	389	27,713	0.89	24,689	69	
632 Neonates Weight 1500-1999 gm With Mod Or Minor Or No Problem Diagnosis	2.4546	644	538	1,091	14,654	0.72	10,586	48		
632 Neonates Weight 1500-1999 gm Without Mod Or Minor Or No Problem Diagnosis	Ptx9	2.2760	644	538	1,091	14,654	0.72	10,586	48	
636 PWS - Neonates Weight 2000-2499 gm With Catastrophic Diagnosis	3.7332	4	4	5	24,652	0.64	15,770	48		
636 PWS - Neonates Weight 2000-2499 gm Without Catastrophic Diagnosis	Ptx9	3.5199	4	4	5	24,652	0.64	15,770	48	
637 Neonates Weight 2000-2499 gm With Major Problem Diagnosis	2.8616	237	203	366	18,484	1.15	21,200	45		
637 Neonates Weight 2000-2499 gm Without Major Problem Diagnosis	Ptx9	2.6753	237	203	366	18,484	1.15	21,200	45	
638 Neonates Weight 2000-2499 gm With Moderate Problem Diagnosis	1.7708	281	221	454	11,038	0.89	9,878	34		
638 Neonates Weight 2000-2499 gm Without Moderate Problem Diagnosis	Ptx9	1.6459	281	221	454	11,038	0.89	9,878	34	
639 Neonates Weight 2000-2499 gm With Minor Problem Diagnosis	0.8614	1,264	972	1,979	5,102	0.99	5,054	20		
639 Neonates Weight 2000-2499 gm Without Minor Problem Diagnosis	Ptx9	0.7976	1,264	972	1,979	5,102	0.99	5,054	20	
640 Neonates Weight 2000-2499 gm With No Problem Diagnosis	0.1745	283	193	408	1,024	0.57	585	4		
640 Neonates Weight 2000-2499 gm Without No Problem Diagnosis	Ptx9	0.1610	283	193	408	1,024	0.57	585	4	
643 PWS - Neonates Weight > 2500 gm With Catastrophic Diagnosis	3.6401	28	23	48	24,288	1.21	29,306	30		
643 PWS - Neonates Weight > 2500 gm Without Catastrophic Diagnosis	Ptx9	3.4092	28	23	48	24,288	1.21	29,306	30	
644 Neonates Weight > 2500 gm With Major Problem Diagnosis	1.7943	863	581	1,182	11,812	1.25	14,706	20		
644 Neonates Weight > 2500 gm Without Major Problem Diagnosis	Ptx9	1.6732	863	581	1,182	11,812	1.25	14,706	20	
645 Neonates Weight > 2500 gm With Moderate Problem Diagnosis	0.6648	1,952	1,281	2,562	4,231	1.32	5,602	11		
645 Neonates Weight > 2500 gm Without Moderate Problem Diagnosis	Ptx9	0.6177	1,952	1,281	2,562	4,231	1.32	5,602	11	
646 Neonates Weight > 2500 gm With Caesarian Delivery	0.2547	8,443	5,584	10,890	1,488	0.42	618	5		
646 Neonates Weight > 2500 gm Without Caesarian Delivery	Ptx9	0.2350	8,443	5,584	10,890	1,488	0.42	618	5	
647 Neonates Weight > 2500 gm With Minor Problem Diagnosis	0.3356	3,013	1,930	3,840	2,104	1.07	2,253	7		

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	2004/2005						2005/2006											
		Complexity Level	SW/RV	Activity	Costed Cases	Avg. Costed Cases	Coef. of Variation	Standard Deviation	Trim Point	Complexity Level	SW/RV	Activity	Costed Cases	Avg. Costed Cases	Coef. of Variation	Standard Deviation	Trim Point		
647		Pix9	0.3106	3.013	1,930	3,840	2,104	1.07	2,253	7									
648	Nemates Weight > 2500 gm (Normal Newborn)	Pix9	0.1293	26,742	16,875	33,661	754	0.62	464	4									
648		Pix9	0.1191	26,742	16,875	33,661	754	0.62	464	4									
650	PWS - Tracheostomy And Gastrostomy Procedures For Trauma	Pix1	14.9241	138	124	237	98,427	0.56	55,445	134									
650		Pix2	6.6526	5	4	10	25,216	0.54	13,677	52									
650		Pix3	8.2880	6	5	7	56,997	0.53	30,414	157									
650		Pix4	15.0493	122	110	211	105,426	0.51	54,209	139									
651	PWS - Intracranial Procedures With Spinal Procedures For Trauma	Pix9	4.1206	1	1	5	27,126	0.28	7,481	40									
651		Pix9	4.0259	1	1	5	27,126	0.28	7,481	40									
652	PWS - Intracranial Procedures With Femur Procedures For Trauma	Pix9	12.4870	2	2	5	87,616	0.48	41,939	72									
652		Pix9	11.7647	2	2	5	87,616	0.48	41,939	72									
653	PWS - Intracranial Or Femur Procedures With Thoraco-Abdominal Procedures For Trauma	Pix9	5.9657	17	13	30	40,106	0.81	32,464	95									
653		Pix9	5.6206	17	13	30	40,106	0.81	32,464	95									
654	PWS - Intracranial Procedures W Wound Debridement Or Lower Extremity Proc For Trauma	Pix9	4.3252	6	3	9	27,718	0.69	19,099	33									
654		Pix9	4.1082	6	3	9	27,718	0.69	19,099	33									
655	PWS - Spinal Procedures With Femur Procedures For Trauma	Pix9	8.0475	6	6	11	54,737	0.84	45,779	71									
655		Pix9	7.6934	6	6	11	54,737	0.84	45,779	71									
656	PWS - Spinal Procedures With Thoraco-Abdominal Procedures For Trauma	Pix9	6.7962	3	3	5	43,744	0.50	21,888	56									
656		Pix9	6.4421	3	3	5	43,744	0.50	21,888	56									
657	PWS - Spinal Procedures With Wound Debridement Or Lower Extremity Proc For Trauma	Pix9	4.8578	11	10	35	31,535	0.71	22,427	49									
657		Pix9	4.5945	11	10	35	31,535	0.71	22,427	49									
658	Femur Procedures With Wound Debridement Or Lower Extremity Proc For Trauma	Pix9	4.6562	91	78	143	30,759	0.74	22,824	50									
658		Pix9	4.3752	91	78	143	30,759	0.74	22,824	50									
659	Thoraco-Abdominal Proc W Wound Debridement Or Lower Extremity Proc For Trauma	Pix9	6.9305	19	15	28	45,674	0.70	31,925	76									

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	2004/2005						2005/2006								
		Complexity Level	SW/RV	Activity	Costed Cases	Average Cases	Blended Costed Cases	Coefficient of Variation	Standard Deviation	Trim Point	Blended Costed Cases	Average Cases	Blended Costed Cases	Coefficient of Variation	Standard Deviation	Trim Point
659		Pix9	6.5669	19	15	28	45,674	0.70	31,925	76						
660 PWS - Intracranial Procedures For Trauma																
660		Pix1	1.3724	94	87	156	9,815	0.75	7,329	15						
660		Pix2	2.4801	22	21	42	17,933	0.59	10,612	24						
660		Pix3	3.3597	12	12	21	25,093	0.56	14,097	37						
660		Pix4	6.0031	40	34	79	42,159	0.50	20,872	60						
661 PWS - Spinal Procedures For Trauma																
661		Pix1	2.0174	68	59	121	14,375	0.60	8,650	23						
661		Pix2	2.9949	29	25	45	20,886	0.62	12,866	34						
661		Pix3	4.3777	7	7	16	29,859	0.97	29,032	63						
661		Pix4	5.6831	12	10	28	40,197	0.64	25,812	64						
662 Femur Or Pelvic Procedures For Trauma																
662		Pix1	1.7947	1,797	1,139	2,397	11,326	0.60	6,803	35						
662		Pix2	1.3184	1,313	801	1,657	8,982	0.43	3,885	23						
662		Pix3	2.2154	276	184	398	14,875	0.51	7,655	46						
662		Pix4	2.8141	110	70	167	18,797	0.60	11,251	65						
662		Pix5	3.9912	98	69	166	26,990	0.66	17,701	89						
663 Thoraco-Abdominal Procedures For Trauma																
663		Pix1	1.2736	152	109	219	8,778	0.47	4,131	14						
663		Pix2	1.6869	40	30	62	11,846	0.63	7,509	25						
663		Pix3	2.4190	24	20	40	17,451	0.66	11,574	29						
663		Pix4	6.3477	31	23	59	45,572	0.95	43,110	57						
664 Wound Debridement And Skin Graft For Trauma																
664		Pix1	1.5502	279	212	391	10,794	0.74	8,037	29						
664		Pix2	3.0823	31	26	45	21,455	0.50	10,653	44						
664		Pix3	4.4352	16	15	31	30,940	0.61	18,836	79						
664		Pix4	6.7160	8	7	24	47,388	0.56	26,327	72						
665 PWS - Elevated Skull Fractures																
665		Pix1	1.2277	10	10	21	8,944	0.67	5,951	15						
665		Pix2	2.6250	5	5	8	18,800	0.51	9,637	32						
665		Pix3	2.6095	1	1	17,910				10						

Schedule 3 – Inpatient Statistical Background

CIMG Code Description	Complexity Level	SWIN	Activity	2004/2005		2004/2005		Standard Deviation	Firm Point
				Blended Costed Cases	Avg. Cost Cases	Average Coefficient of Variation	Blended Costed Cases		
665		Pix4	5.9737	1	40,999	0.55	2,608	18	
666 Major Lower Extremity Procedures For Trauma		Pix1	0.7513	3,506	1,838	3,921	4,772	0.53	2,459
666		Pix2	0.6835	3,280	1,779	3,794	4,653	0.53	8
666		Pix3	0.20203	139	107	220	13,980	0.60	8,412
666		Pix3	2.4565	50	35	74	16,682	0.55	9,140
666		Pix4	5.4563	37	27	45	36,834	0.64	23,539
667 Minor Lower Extremity Procedures For Trauma		Pix1	0.7098	64	38	84	4,551	0.67	3,052
667		Pix2	0.6474	62	37	83	4,489	0.67	3,018
667		Pix2	2.5118	2	1	5	16,823	0.36	6,018
667		Pix3	0.00000	0	0	0	0	0.00	17
667		Pix4	4.1098	0	2	2	28,486	0.25	7,201
668 Miscellaneous Musculoskeletal Procedures For Trauma		Pix1	0.8220	519	417	844	5,271	0.55	2,887
668		Pix1	0.7461	476	400	805	5,088	0.52	2,650
668		Pix2	1.7545	31	29	55	12,147	0.65	7,933
668		Pix3	3.0181	2	2	6	23,741	0.36	8,445
668		Pix4	4.1926	10	8	10	31,263	0.26	7,980
669 Vascular Repair For Trauma		Pix1	0.9049	98	69	167	5,720	0.72	4,117
669		Pix1	0.7852	90	62	151	5,299	0.71	3,758
669		Pix2	1.5711	6	5	7	10,062	0.55	5,509
669		Pix3	2.1605	1	1	7	15,109	0.64	9,641
669		Pix4	1.2442	1	1	4	8,695	0.31	2,736
670 Upper Extremity Procedures For Trauma		Pix1	0.5507	2,596	1,378	3,160	3,534	0.59	2,102
670		Pix1	0.4616	2,506	1,264	2,925	3,214	0.50	1,591
670		Pix2	1.4099	73	56	103	9,730	0.62	6,011
670		Pix3	1.7916	11	7	18	12,810	0.65	8,363
670		Pix4	3.9117	6	6	16	26,952	0.68	18,216
674 PWS - Intracranial Injuries With Spinal Injuries		Pix1	2.1249	32	28	52	13,995	0.66	9,270
674		Pix9	2.0148	32	28	52	13,995	0.66	9,270
675 PWS - Intracranial Injuries With Fractures Of Femur Or Pelvis		Pix1	1.5871	17	14	20	11,490	0.79	9,068

Schedule 3 – Inpatient Statistical Background

CMG Code Description	Complexity Level	SWRV	Activity	2004/2005		Blended Costed Cases	Average Coefficient of Variation	Standard Deviation	Trim Point
				Casted Cases	Casted Cases %				
675	Pix9	1.4829	17	14	20	11,490	0.79	9,068	31
676 PWIS - Intracranial Injuries With Thoraco-Abdominal Injuries	Pix9	2.3509	48	42	77	15,703	1.04	16,377	35
676 Spinal Injuries With Fractures Of Femur	Pix9	2.2145	48	42	77	15,703	1.04	16,377	35
677 Spinal Injuries With Thoraco-Abdominal Injuries	Pix9	1.3269	63	48	106	8,590	0.88	7,538	34
677	Pix9	1.2530	63	48	106	8,590	0.88	7,538	34
678 Spinal Injuries With Thoraco-Abdominal Injuries	Pix9	1.6954	99	66	147	11,184	0.93	10,433	23
678	Pix9	1.6075	99	66	147	11,184	0.93	10,433	23
679 Fractures Of Femur With Thoraco-Abdominal Injuries	Pix9	1.1985	48	34	61	7,778	0.63	4,914	27
679	Pix9	1.1304	48	34	61	7,778	0.63	4,914	27
680 Femur Or Pelvic Fractures And Dislocations	Pix1	1.2511	859	333	677	7,647	0.96	7,349	44
680	Pix1	0.9145	682	241	487	6,056	0.92	5,541	37
680	Pix2	1.7437	97	57	110	11,344	0.89	10,149	71
680	Pix3	2.1086	45	24	52	13,575	0.82	11,131	66
680	Pix4	3.3641	35	21	36	22,969	0.98	22,475	116
681 Frostbite	Pix4	1.8942	34	14	29	12,559	0.91	11,453	50
681	Pix1	1.6213	25	9	22	9,970	0.92	9,174	46
681	Pix2	3.1313	3	2	2	22,829	1.15	26,170	67
681	Pix3	1.3560	5	3	4	9,702	0.63	6,123	81
681	Pix4	4.4910	1	1	1	32,207			19
682 Spinal Injuries	Pix1	0.1730	716	369	707	4,998	0.92	4,604	26
682	Pix1	0.6177	574	302	577	4,260	0.79	3,362	20
682	Pix2	0.9045	103	47	85	6,306	0.93	5,878	39
682	Pix3	1.7226	28	14	27	12,276	0.71	8,679	67
682	Pix4	3.7450	11	9	27	24,516	0.78	19,181	111
683 Intracranial Injuries	Pix1	0.9480	450	347	653	6,407	1.17	7,492	20
683	Pix2	0.6612	335	254	484	4,747	1.08	5,111	14
683	Pix3	1.1452	64	51	89	8,318	1.03	8,564	27
683	Pix4	3.3736	30	28	55	24,040	0.66	15,833	60

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	2004/2005				2005/2006			
		Complexity Level	SWRV Activity	Costed Cases	Blended Costed Cases	Average Cost/Coefficient	Cost of Variation	Standard Deviation	Trim Deviation Point
684	Fracture Of Humerus	0.9363	248	87	184	5,759	1.13	6,534	46
684		Ptx1	0.5688	200	66	146	3,661	1.04	3,789
684		Ptx2	2.1640	29	13	22	13,916	0.68	9,403
684		Ptx3	1.4432	13	3	6	9,755	0.58	5,679
684		Ptx4	2.3998	6	4	8	16,780	0.62	10,463
685	Hip And Thigh Injuries			0.8021	178	42	71	4,840	0.73
685		Ptx1	0.6633	154	35	61	4,288	0.62	2,659
685		Ptx2	2.5175	18	8	12	16,516	0.89	14,686
685		Ptx3	3.3968	6	1	5	22,219	0.44	9,846
685		Ptx4	2.3020		2	15,329	0.38	5,798	66
686	Major Nerve Injuries			1.5590	6	3	12	10,137	0.65
686		Ptx1	1.5636	6	3	11	10,793	0.60	6,437
686		Ptx2			2	10,128	1.01	10,198	25
686		Ptx3	1.5000		2				7
686		Ptx4							
687	Thoraco-Abdominal Injuries			0.7916	1,008	566	1,093	5,207	0.89
687		Ptx1	0.6204	850	486	922	4,365	0.76	3,335
687		Ptx2	1.0318	89	46	90	7,135	0.65	4,635
687		Ptx3	1.6883	40	22	51	11,998	0.68	8,102
687		Ptx4	2.9044	29	13	40	20,202	0.63	12,822
688	Weight Bearing Injuries			0.4714	691	273	540	2,939	0.99
688		Ptx1	0.3211	630	233	462	2,181	0.82	1,795
688		Ptx2	1.2702	34	22	41	8,252	0.72	5,906
688		Ptx3	2.4496	21	10	18	16,140	0.89	14,428
688		Ptx4	3.2415	6	5	13	21,770	0.74	16,135
689	Genito-Urinary Injuries			0.5333	101	64	114	3,383	0.78
689		Ptx1	0.4613	83	52	98	3,139	0.75	2,359
689		Ptx2	0.7529	15	10	14	5,020	0.82	4,136
689		Ptx3	1.2887	3	3	5	9,350	0.83	7,714
689		Ptx4	3.8758		5	25,456	0.68	17,263	33

Schedule 3 – Inpatient Statistical Background

CMG Code Description	Complexity Level	SWRV	Activity	2004/2005				Blended Costed Gases	Average Coefficient Cost of Variation	Standard Deviation	Trim Point
				Costed Cases	Costed Gases	Average Coefficient	Cost of Variation				
690 Crushing Injuries And Contusions		0.4538	392	88	172	2,872	0.97	2,799	13		
690	Pk1	0.3603	345	76	153	2,448	0.89	2,171	10		
690	Pk2	1.0707	27	6	7	6,729	0.93	6,281	39		
690	Pk3	1.0833	16	5	10	6,785	0.66	4,471	46		
690	Pk4	1.2963	4	2	3	8,686	0.62	5,366	32		
691 Minor Lower Extremity Fractures		0.3819	50	22	42	2,370	0.58	1,371	13		
691	Pk1	0.3297	48	21	38	2,214	0.60	1,323	10		
691	Pk2	0.4989	1	1	3	3,430	0.10	332	7		
691	Pk3	0.8467	1	1	1	5,638			18		
691	Pk4										
692 Wounds		0.4218	1,092	618	1,157	2,636	0.66	1,740	7		
692	Pk1	0.3836	1,041	601	1,121	2,576	0.63	1,615	7		
692	Pk2	0.7957	20	10	23	5,629	1.01	5,664	29		
692	Pk3	0.8579	24	13	21	5,940	0.56	3,325	15		
692	Pk4	2.7520	7	6	13	18,374	1.09	19,991	41		
693 Amputations Or Vascular And Other Nerve Injuries		0.4890	172	105	201	3,106	0.79	2,445	4		
693	Pk1	0.4509	159	102	196	3,072	0.79	2,441	4		
693	Pk2	0.7959	5	2	5	5,325	0.81	4,287	10		
693	Pk3	1.4362	6	3	6	9,969	0.58	5,773	19		
693	Pk4	4.7545	2	1	3	34,878	0.73	25,429	46		
694 Facial Injuries		0.4658	327	205	398	3,038	0.73	2,203	7		
694	Pk1	0.4208	316	200	388	2,938	0.64	1,885	7		
694	Pk2	1.0814	7	5	10	7,396	0.68	5,036	20		
694	Pk3	0.5896	1	1	5	4,110	0.60	2,465	8		
694	Pk4	2.4999	3	3	4	17,906	0.79	14,213	23		
695 Other Cranial Injuries		0.4504	1,016	346	664	3,098	0.94	2,918	7		
695	Pk1	0.2910	891	238	467	2,131	0.77	1,644	4		
695	Pk2	0.8594	47	29	48	5,877	0.70	4,092	17		
695	Pk3	0.8273	52	44	79	6,163	0.92	5,662	16		
695	Pk4	2.5595	26	22	47	18,161	0.95	17,318	46		

Schedule 3 – Inpatient Statistical Background

CMG Code Description	Complexity Level	SW/PV Activity	Blended			Coefficient of Variation	Standard Deviation	Trim Point
			Costed Cases	Costed Cases	Average Cases			
696 Upper Extremity Fractures		0.3297	831	243	497	2,054	0.69	1,414
696	Ptx1	0.2984	772	234	483	2,019	0.68	1,370
696	Ptx2	1.1241	44	25	38	7,530	0.65	4,902
696	Ptx3	1.5414	11	6	16	10,072	0.87	8,773
696	Ptx4	3.5397	4	5	23,528	0.46	10,857	136
700 PWS - Bone Marrow Transplant		7.7469	199	144	296	56,445	0.52	29,142
700	Ptx1	4.6407	22	9	26	35,112	0.44	15,539
700	Ptx2	5.8928	8	4	15	43,162	0.35	15,293
700	Ptx3	6.4841	14	7	19	51,635	0.35	18,328
700	Ptx4	7.9309	155	124	237	60,387	0.51	30,841
701 Splenectomy		1.3760	78	60	136	8,879	0.55	4,874
701	Ptx1	1.1343	61	48	119	7,938	0.41	3,224
701	Ptx2	1.9800	9	9	12	13,740	0.54	7,386
701	Ptx3	1.5581	3	1	5	11,336	0.46	5,221
701	Ptx4	6.5925	5	3	5	47,118	0.48	22,629
703 Other O.R. Procedures Of Blood And Blood-Forming Organs		1.1394	119	84	170	7,862	0.97	7,633
703	Ptx1	0.7816	87	67	137	5,791	0.79	4,598
703	Ptx2	2.3363	9	8	17	16,443	0.74	12,066
703	Ptx3	2.3032	8	7	12	16,363	0.62	10,179
703	Ptx4	7.3514	15	9	16	55,279	0.63	35,016
704 Red Blood Cell Disorders		0.7861	1,345	548	1,017	4,956	0.98	4,833
704	Ptx1	0.6020	1,014	392	759	4,087	0.84	3,444
704	Ptx2	0.9881	188	87	145	6,691	0.93	6,240
704	Ptx3	1.2344	89	51	81	8,241	0.83	6,878
704	Ptx4	2.3201	54	25	46	16,361	0.88	14,328
709 Coagulation Disorders		0.5581	357	229	413	3,727	0.88	3,292
709	Ptx1	0.4493	300	193	352	3,245	0.84	2,735
709	Ptx2	0.9266	28	19	30	6,536	0.66	4,291
709	Ptx3	1.6375	20	17	30	11,619	0.93	10,748
709	Ptx4	2.1222	9	7	15	14,783	1.00	14,854

Schedule 3 – Inpatient Statistical Background

CMQ Code Description	Complexity Level	SW/RV	Activity	2004/2005			
				Costed Cases	Average Costed Cases	Average Coefficient of Variation	Blended Standard Deviation Point
710 Reticuloendothelial And Immunity Disorders	0.8781	735	318	721	6,269	0.91	5,673 17
710	0.7024	582	256	590	5,425	0.85	4,603 14
710	Ptx1	1.1584	74	37	9,194	0.95	8,716 18
710	Ptx2	1.8064	20	15	12,379	0.66	8,164 40
710	Ptx3	2.7453	8	4	19,269	0.69	13,310 60
710	Ptx4	3.0469	29	17	23,403	0.93	21,853 60
725 Major Leukemia And Lymphoma Procedures	1.5894	182	122	245	10,438	0.84	8,750 29
725	Ptx1	1.0622	134	91	182	7,456	0.51
725	Ptx2	1.5683	101	80	167	11,484	0.96
725	Ptx3	3.1656	25	23	60	22,546	0.69
725	Ptx4	3.8993	66	57	146	40,241	0.68
726 Acute Leukemia Without Major Procedures	2.1498	277	173	354	14,324	0.93	13,263 47
726	Ptx1	1.1345	200	111	215	8,064	0.82
726	Ptx2	2.3596	26	21	36	16,310	0.68
726	Ptx3	2.4954	18	11	30	18,262	0.67
726	Ptx4	4.9126	33	29	69	35,340	0.59
728 Lymphoma And Chronic Leukemia With Other Procedures	1.6165	788	367	775	10,371	1.03	10,654 42
728	Ptx1	0.9487	484	203	407	6,482	0.86
728	Ptx2	1.4797	126	69	157	9,982	0.80
728	Ptx3	1.6995	96	48	96	11,533	0.88
728	Ptx4	3.9155	82	46	112	27,241	0.74
730 Lymphoma And Chronic Leukemia	2.1825	74	60	111	14,667	0.78	11,381 41
730	Ptx1	1.3482	46	40	63	9,582	0.51
730	Ptx2	2.3060	11	7	22	16,137	0.67
730	Ptx3	3.5504	6	3	11	25,826	0.41
730	Ptx4	5.3685	11	10	18	38,034	0.82
733 Major Ill-Defined Neoplasm Procedures	3.5685	11	10	18	31,035	0.82	31,035 110
733	Ptx1	1.4797	126	69	157	9,982	0.80
733	Ptx2	2.3060	11	7	22	16,137	0.67
733	Ptx3	3.5504	6	3	11	25,826	0.41
733	Ptx4	5.3685	11	10	18	38,034	0.82

Schedule 3 – Inpatient Statistical Background

CMG Code Description	Complexity Level	SWIN Activity	2004/2005		2005/2006		Standard Deviation	Trim Point
			Costed Cases	Blended Costs	Average Cost	Coefficient of Variation		
734 Ill-Defined Neoplasm With Other Procedures		1.2876	66	40	91	8,482	0.82	6,978 29
734	Ptx1	0.8439	41	26	63	6,085	0.80	4,849 16
734	Ptx2	1.4183	4	2	7	9,667	0.81	7,790 46
734	Ptx3	2.7629	8	6	12	18,905	0.77	14,495 83
734	Ptx4	5.8231	13	12	15	41,071	1.26	51,583 101
735 PWS - Radiation Therapy		0.6439	199	153	324	4,550	0.84	3,826 28
735	Ptx1	0.5148	177	137	292	3,764	0.70	2,645 19
735	Ptx2	1.4537	10	9	16	10,531	0.54	5,662 31
735	Ptx3	3.2657	9	6	14	24,544	0.63	15,518 75
735	Ptx4	3.1520	3	3	8	23,012	0.52	12,078 82
736 Chemotherapy		0.6743	953	742	1,475	4,967	0.62	3,103 11
736	Ptx1	0.6044	839	688	1,385	4,774	0.61	2,908 11
736	Ptx2	1.1437	21	10	26	9,227	0.78	7,186 24
736	Ptx3	1.4391	53	38	57	11,288	0.77	8,660 34
736	Ptx4	2.8144	40	34	79	20,735	0.49	10,161 70
737 Other Poorly Differentiated Neoplastic Diagnoses		1.5120	175	84	183	9,529	0.72	6,892 37
737	Ptx1	0.9758	97	43	87	6,605	0.66	4,388 27
737	Ptx2	1.5121	44	21	48	10,182	0.70	7,154 39
737	Ptx3	1.9765	19	6	20	13,173	0.72	9,439 46
737	Ptx4	2.5260	15	11	27	17,046	0.60	10,148 67
750 Multisystemic Or Unspecified Site Infections With Surgery		3.8927	555	351	705	25,271	1.24	31,435 62
750	Ptx1	1.2638	298	178	344	8,782	0.84	7,334 29
750	Ptx2	2.4399	54	37	73	16,966	0.72	12,289 50
750	Ptx3	3.0084	42	25	55	20,577	0.70	14,398 58
750	Ptx4	10.2893	161	122	263	70,448	0.86	60,426 133
751 Septicemia		1.6380	927	472	996	10,113	1.22	12,307 29
751	Ptx1	0.7953	463	202	413	5,352	0.88	4,697 20
751	Ptx2	1.2408	141	67	139	8,406	0.89	7,522 32
751	Ptx3	1.5721	143	87	161	10,347	1.04	10,783 35
751	Ptx4	2.9056	180	128	302	19,266	0.96	18,585 51

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	2004/2005						2005/2006						2004/2005					
		Complexity Level	SWRV	Activity	Costed Cases	Blended Costed Cases	Average Coefficient of Variation	Standard Deviation	Trim Point	Complexity Level	SWRV	Activity	Costed Cases	Blended Costed Cases	Average Coefficient of Variation	Standard Deviation	Trim Point		
756	Post-Operative And Post-Traumatic Infections	0.6451	697	355	680	3,978	0.75	2.987	15	0.5838	585	303	595	3,881	0.74	2,890	17		
756		Ptx1	1.0445	48	24	44	6,805	0.94	6,418	28	Ptx2	0.5578	25	10	31	4,124	0.71	2,917	14
756		Ptx3	0.7603	49	26	41	5,075	0.94	4,758	21	Ptx4	2.8229	15	9	21	18,700	0.93	17,369	69
757	Viral Illness		0.4762	695	191	406	3,247	0.92	2,976	10		0.3691	644	163	338	2,728	0.72	1,955	7
757		Ptx1	0.4629	575	234	433	3,071	0.68	2,095	8	Ptx2	0.4308	466	189	373	3,024	0.69	2,074	10
761	Fever Of Unknown Origin		0.7359	80	48	74	5,315	0.77	4,086	15	Ptx3	0.7869	22	11	22	5,753	0.59	3,405	21
761		Ptx4	1.0245	217	122	238	7,026	0.98	6,869	21		0.0052	7	6	8	14,977	0.52	7,826	57
763	Other Infectious Diagnoses		0.7187	157	87	162	5,281	0.83	4,380	17		1.0837	19	13	28	8,355	0.80	6,704	36
763		Ptx1	1.3061	21	15	29	9,513	0.95	8,999	36	Ptx2	3.7487	20	17	31	27,187	0.76	20,595	78
764	Depressive Mood Disorders With ECT		3.2874	363	265	536	19,439	0.60	11,703	100	Ptx3	2.4569	567	215	501	15,098	0.70	10,593	82
764		Ptx4	2.2727	567	215	501	15,098	0.70	10,593	82		1.6472	2,582	937	1,912	10,067	0.75	7,564	68
766	Depressive Mood Disorders Without ECT Without Axis III Diagnosis		3.0314	363	265	536	19,439	0.60	11,703	100	Ptx5	1.5236	2,582	937	1,912	10,067	0.75	7,564	68
766		Ptx6	0.3884	1,175	277	582	2,406	0.57	1,379	8	Ptx7	0.3573	1,175	277	582	2,406	0.57	1,379	8
767	Depressive Mood Disorders LOS < 6 Days		4.0380	37	21	41	24,129	0.68	16,355	97									
768	Bipolar Mood Disorders, Manic With ECT																		

Schedule 3 – Inpatient Statistical Background

CIMG Code Description	Complexity Level	SWRY	Activity	2004/2005			Blended		
				Costed Cases	Costed Cases	Average Coefficient Cost of Variation	Standard Deviation	Trim Point	
768		Ptx9	3,7293	37	21	41	24,129	0.68	16,355
769	Bipolar Mood Disorders, Manic Without ECT With Axis III Diagnosis		2,8260	171	97	178	16,997	0.80	13,622
769		Ptx9	2,6145	171	97	178	16,997	0.80	13,622
770	Bipolar Mood Disorders, Manic Without ECT Without Axis III Diagnosis		1,9739	1,120	505	1,037	11,840	0.74	8,722
770		Ptx9	1,8255	1,120	505	1,037	11,840	0.74	8,722
771	Bipolar Mood Disorders LOS < 6 Days		0,4014	210	78	156	2,402	0.55	1,323
771		Ptx9	0,3711	210	78	156	2,402	0.55	1,323
772	Dementia With Or Without Delirium With Axis III Diagnosis		4,0086	819	350	691	23,765	0.68	16,260
772		Ptx9	3,6982	819	350	691	23,765	0.68	16,260
773	Dementia With Or Without Delirium Without Axis III Diagnosis		3,3105	906	276	519	19,580	0.85	16,624
773		Ptx9	3,0324	906	276	519	19,580	0.85	16,624
774	Organic Mental Disorders Induced By Drugs		0,9410	706	373	690	5,741	1.01	5,820
774		Ptx9	0,8776	706	373	690	5,741	1.01	5,820
775	Schizophrenia And Other Psychotic Disorders With ECT		4,3198	57	38	80	26,416	0.84	22,152
775		Ptx9	4,0069	57	38	80	26,416	0.84	22,152
776	Schizophrenia And Other Psychotic Disorders W/ O ECT With Axis III Diagnosis		2,8557	437	252	449	17,967	0.83	14,889
776		Ptx9	2,6652	437	252	449	17,967	0.83	14,889
777	Schizophrenia And Other Psychotic Disorders W/ O ECT Or Axis III Diagnosis		2,2251	2,573	1,305	2,561	13,706	0.83	11,338
777		Ptx9	2,0666	2,573	1,305	2,561	13,706	0.83	11,338
778	Schizophrenia And Other Psychotic Disorders LOS < 6 Days		0,3898	637	249	497	2,366	0.57	1,343
778		Ptx9	0,3616	637	249	497	2,366	0.57	1,343
779	Dissociative Disorders		0,7004	113	56	108	4,469	0.83	3,731
779		Ptx9	0,6514	113	56	108	4,469	0.83	3,731
780	Alcohol Induced Organic Mental Disorders With Axis III Diagnosis		1,2016	333	160	301	7,313	1.20	8,749
780		Ptx9	1,1175	333	160	301	7,313	1.20	8,749
781	Alcohol Induced Organic Mental Disorders Without Axis III Diagnosis		0,5772	532	202	368	3,529	0.83	2,935
781		Ptx9	0,5333	532	202	368	3,529	0.83	2,935
783	Psychiatric Substance Dependence		0,9186	1,260	491	889	5,660	0.93	5,289
783		Ptx9	0,8466	1,260	491	889	5,660	0.93	5,289

Schedule 3 -- Inpatient Statistical Background

CMG Code Description	Complexity Level	2004/2005		Blended		Average Cost of Variation	Coefficient of Variation	Standard Deviation	Trim Point	
		Costed SWRY	Activity	Costed Cases	Costed Cases					
784 Psychoactive Substance Abuse		0.5650	1,238	423	760	3,411	0.79	2,693	19	
784		Px9	0.5181	1,238	423	760	3,411	0.79	2,693	19
785 Developmental Delay		2.3937	108	69	123	15,559	0.92	14,340	100	
785		Px9	2.2051	108	69	123	15,559	0.92	14,340	100
786 Disruptive Behaviour Disorders		2.0555	384	240	435	14,031	0.98	13,817	77	
786		Px9	1.8890	384	240	435	14,031	0.98	13,817	77
787 Eating Disorders		2.3485	183	132	236	16,462	0.83	13,613	85	
787		Px9	2.1895	183	132	236	16,462	0.83	13,613	85
788 Organic Mental Disorders Associated W Physical Disorders W Axis III Diagnosis		2.3399	285	172	339	14,203	0.92	13,048	99	
788		Px9	2.1671	285	172	339	14,203	0.92	13,048	99
789 Organic Mental Disorders Associated W Physical Disorders W/O Axis III Diagnosis		1.7665	316	152	268	10,730	1.02	10,966	98	
789		Px9	1.6300	316	152	268	10,730	1.02	10,966	98
790 Somatoform Disorders		0.6064	81	30	56	3,918	0.77	3,006	25	
790		Px9	0.5644	81	30	56	3,918	0.77	3,006	25
791 Anxiety Disorders (MNRH)		1.0950	667	186	353	6,735	0.87	5,852	38	
791		Px9	1.0140	667	186	353	6,735	0.87	5,852	38
792 Adjustment Disorders (MNRH)		0.4918	2,216	1,347	2,729	2,985	0.71	2,129	17	
792		Px9	0.4523	2,216	1,347	2,729	2,985	0.71	2,129	17
793 Personality Disorders With Axis III Diagnosis (MNRH)		1.1547	74	47	94	7,144	1.09	7,797	47	
793		Px9	1.0737	74	47	94	7,144	1.09	7,797	47
794 Personality Disorders Without Axis III Diagnosis (MNRH)		0.4948	583	373	713	2,957	0.71	2,105	17	
794		Px9	0.4559	583	373	713	2,957	0.71	2,105	17
795 Sexual Dysfunction And Sexual Disorders (MNRH)		2.0129	48	10	25	12,164	0.58	7,034	644	
795		Px9	1.8518	48	10	25	12,164	0.58	7,034	644
796 Specific Developmental Disorders (MNRH)		1.9168	13	9	20	13,171	0.78	10,272	54	
796		Px9	1.7717	13	9	20	13,171	0.78	10,272	54
797 Miscellaneous Psychiatric Diagnoses (MNRH)		1.3501	98	38	79	8,693	1.16	10,117	78	

Schedule 3 – Inpatient Statistical Background

CMG Code	Description			2004/2005		2005/2006		Blended		Average Coefficient of Variation	Standard Deviation	Trim Point
		Complexity Level	SWRV	Activity	Costed Cases	Cases	Costed	Custod	Average Coefficient of Variation			
797		Px9	1.2323	98	38	79	8,693	1.16	10,117	78		
803	Extensive Procedures For Injury Or Complication Of Treatment	Px1	2.8002	359	256	562	17,911	0.93	16,605	50		
803		Px2	1.5586	202	150	331	10,687	0.64	6,883	24		
803		Px3	2.4654	42	31	61	17,051	0.68	11,607	35		
803		Px4	3.2978	42	31	62	22,187	0.60	13,298	50		
803		Px1	10.8232	73	52	135	74,268	0.99	73,528	152		
804	Non-Extensive Procedures For Injury Or Complication Of Treatment	Px9	0.9109	998	690	1,328	5,849	1.02	5,993	19		
804		Px1	0.6490	836	593	1,123	4,430	0.86	3,814	13		
804		Px2	1.7502	73	56	116	12,031	0.68	8,168	37		
804		Px3	2.3257	44	27	58	16,239	0.53	8,593	46		
804		Px4	6.3332	45	37	82	47,703	0.95	45,187	98		
805	MNRH Procedures For Injury Or Complication Of Treatment	Px1	0.6977	229	124	261	4,415	0.80	3,525	13		
805		Px2	0.5663	200	109	233	3,815	0.79	3,007	10		
805		Px3	1.6793	15	6	11	11,125	0.71	7,944	28		
805		Px4	1.7047	10	7	10	11,308	0.35	3,958	44		
805		Px1	6.1847	4	3	7	45,270	0.48	21,776	101		
811	Allergic Reaction	Px1	0.3319	168	49	98	2,129	0.93	1,986	4		
811		Px2	0.2795	158	45	90	1,977	0.85	1,676	4		
811		Px3	0.2898	4	2	3	1,884	0.49	915	6		
811		Px4	0.8128	5	3	6	5,332	0.79	4,238	9		
811	Drug Reactions	Px1	1.1060	1	5	5	7,402	0.53	3,916	18		
813		Px2	0.4960	1,972	638	1,299	3,098	0.96	2,959	7		
813		Px3	0.3851	1,705	513	1,041	2,597	0.93	2,425	7		
813		Px4	2.2558	70	57	119	15,192	0.91	13,755	31		
818	Complications Of Treatment	Px1	0.5826	1,672	1,029	2,113	3,714	1.14	4,246	16		
818		Px2	0.7572	109	65	110	5,007	0.77	3,853	20		
818		Px3	0.8536	88	59	131	5,738	0.72	4,110	14		
818		Px4	1.0225	121	85	180	7,164	0.91	6,500	26		
818		Px1	1.3732	86	55	114	9,704	1.03	10,006	32		

Schedule 3 -- Inpatient Statistical Background

CMG Code Description	Complexity Level	SWRY	Activity	2004/2005		Blended Costed Cases	Average Costed Cases	Coefficient of Variation	Standard Deviation	Trim Point
				Costed Cases	77					
818		Px4	2,9549	47	36	20,589	0.87	17,937	66	
823 Minor Injuries And Trauma Diagnosis			0.53359	467	137	250	3,598	1.27	4,578	10
823	Px1	0.3695	434	117	210	2,637	1.05	2,770	7	
823	Px2	0.8810	14	5	13	6,132	0.68	4,192	29	
823	Px3	1.0838	10	10	19	7,635	0.81	6,171	30	
823	Px4	3.2894	9	7	15	24,225	0.71	17,215	32	
830 PWS - Extensive Burns With Skin Graft Wound Debridement Or Other Burn Procedures			10,6482	35	31	51	73,189	0.92	67,547	129
830	Px1	5.6293	18	17	30	40,577	0.44	17,880	49	
830	Px2	5.8859			3	39,194	0.23	8,939	26	
830	Px3									43
830	Px4	25.3598	17	15	23	181,421	1.17	213,160	282	
831 Extensive Burns Without Burn Procedures			2,1064	17	9	15	14,625	0.63	9,157	35
831	Px1	1.7714	12	6	11	13,283	0.76	10,076	31	
831	Px2	2.3478	2	2	2	16,837	0.15	2,523	15	
831	Px3									18
831	Px4	5.6745	3	3	4	40,530	0.66	26,798	102	
832 PWS - Non-Extensive Burns With Skin Graft			2,6002	109	97	211	17,449	0.85	14,784	39
832	Px1	2.0936	95	88	190	15,020	0.75	11,237	35	
832	Px2	4.3059	6	5	11	30,522	0.44	13,341	45	
832	Px3	5.8449	4	4	9	41,394	0.34	14,270	55	
832	Px4	20.1654	4	4	7	151,905	0.42	63,343	151	
833 Non-Extensive Burns With Wound Debridement Or Other Burn Procedures			0.8714	3	2	5	6,075	0.66	4,014	23
833	Px1	0.6926	2	1	4	4,995	0.74	3,701	25	
833	Px2									9
833	Px3	1.3980	1	1	1	10,396				
833	Px4									
834 Non-Extensive Burns Without Burn Procedures			0.7982	188	88	181	5,494	0.99	5,447	19
834	Px1	0.6877	179	82	171	5,039	0.94	4,749	16	
834	Px2	1.9692	4	2	5	13,554	0.83	11,264	29	

Schedule 3 – Inpatient Statistical Background

CMG Code Description	Complexity Level	SIN/RV Ability	2004/2005				Blended Costed Cases	Average Coefficient Cost of Variation	Standard Deviation	Trim Point
			Ptx3	1.9683	3	2				
834		Ptx4	3.6902	2	2	5	24,609	0.79	19,332	46
834	840 Other Admissions With Surgery	Ptx1	4.9200	717	462	844	32,610	1.25	40,841	185
840		Ptx2	1.1458	390	254	468	7,801	1.09	8,524	54
840		Ptx3	4.8918	105	47	94	34,091	0.69	23,498	132
840		Ptx4	8.1743	84	43	74	58,189	0.63	36,573	214
840	841 Rehabilitation	Ptx1	13.3382	138	96	167	94,375	0.73	68,703	253
841		Ptx2	3.9313	5,448	1,627	3,380	25,987	0.64	16,643	112
841		Ptx3	3.1158	3,933	952	1,996	22,388	0.60	13,403	95
841		Ptx4	4.1922	759	356	715	29,926	0.65	19,514	131
841	842 Signs And Symptoms	Ptx1	4.2464	450	174	380	30,276	0.61	18,534	145
841		Ptx2	6.0282	306	155	318	42,780	0.68	29,174	176
842		Ptx3	2.0019	79	37	69	13,041	0.80	10,437	80
842		Ptx4	3.3068	63	34	48	21,782	0.74	16,211	112
842	846 Aftercare Following Surgery Or Treatment	Ptx1	0.2311	3,470	2,604	4,381	1,406	1.24	1,742	4
846		Ptx2	0.2099	3,388	2,553	4,308	1,386	1.24	1,720	4
846		Ptx3	0.6697	65	53	78	4,435	1.40	6,207	101
846		Ptx4	0.8608	15	3	12	6,697	1.25	8,377	141
846	847 Other Specified Aftercare	Ptx1	1.6611	2	2	5	12,755	0.74	9,454	209
847		Ptx2	2.553	2,534	612	1,128	12,087	1.04	12,534	70
847		Ptx3	0.8608	15	3	12	6,697	1.25	8,377	141
847		Ptx4	1.9974	2,128	538	987	11,548	1.04	12,017	66
847		Ptx1	2.0378	258	46	75	12,997	0.91	11,891	65
847	849 Multiple Or Unspecified Congenital Anomalies	Ptx2	2.2687	93	14	32	14,265	1.07	15,221	88
849		Ptx3	3.1628	55	10	29	20,567	0.91	18,646	126
849		Ptx4	1.5477	4	3	10	10,876	1.28	13,943	34
849		Ptx1	0.4721	4	3	6	3,818	0.76	2,885	10
849		Ptx2	2.7145	2	2	5	25,489	0.75	19,237	71

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SNWRV	Activity	2004/2005		Blended Costed Cases	Average Coefficient of Variation	Standard Deviation	Trim Point
					Costed Cases\$	2				
849		Px3	0.9795			2	6,700	1.16	7,743	15
849		Px4				18				
850	Perinatal Conditions Age > 28 Days									
850		Px1	2.9589	63	53	82	19,332	0.77	14,736	66
850		Px2	3.5207	6	6	15	22,918	0.59	13,417	81
850		Px3	2.6219	30	22	43	16,708	0.70	11,622	59
850		Px4	9.7918	12	10	18	62,174	0.70	43,506	111
851	Other Factors Causing Hospitalization									
851		Px1	0.5726	4,581	225	476	3,485	1.46	5,080	41
851		Px2	0.4773	3,766	211	443	3,198	1.50	4,807	32
851		Px3	0.9152	435	9	22	5,255	1.03	5,392	72
851		Px4	1.2878	257	3	7	9,215	0.74	6,795	82
851		Px1	1.4610	123	1	5	10,206	0.43	4,378	127
852	Procedures Cancelled (MNRH)									
852		Px1	0.0729	1,138	518	1,034	466	1.99	928	1
852		Px2	0.0670	1,118	511	1,015	460	2.02	930	1
852		Px3	0.1101	13	5	14	753	0.88	660	1
852		Px4	0.1605	6	2	5	1,057	0.93	982	1
852		Px1				2				
860	Respiratory Tract Disorders With HIV									
860		Px9	1.6780	67	45	86	10,358	1.49	15,416	33
860		Px9	1.5569	67	45	86	10,358	1.49	15,416	33
861	CNS Infection With HIV									
861		Px9	2.0013	7	7	9	13,128	0.83	10,906	50
861		Px9	1.8925	7	7	9	13,128	0.83	10,906	50
862	GI And Hepatobiliary Disorders With HIV									
862		Px9	1.1031	16	6	17	6,861	0.76	5,248	27
862		Px9	1.0326	16	6	17	6,861	0.76	5,248	27
863	Ophthalmic Disorders With HIV									
863		Px9	2.3316	2	2	8	14,754	1.00	14,788	80
863		Px9	2.1837	2	2	8	14,754	1.00	14,788	80
864	Blood Infections With HIV									
864		Px9	2.1899	2	2	7	12,206	0.78	9,519	56
864		Px9	2.0550	2	2	7	12,206	0.78	9,519	56
865	Lymphoma With HIV									
865		Px9	4.4528	2	1	3	29,760	0.91	27,153	60
865		Px9	4.4761	2	1	3	29,760	0.91	27,153	60

Schedule 3 – Inpatient Statistical Background

CIMG Code Description	Complexity Level	SWRV	Activity	Blended			Coefficient of Variation	Standard Deviation	Trim Point
				Costed Cases	Casted Cases	Average			
2004/2005									
866 Psychosocial Conditions With HIV		5.7518	3	2	6	36,592	1.13	41,229	149
866	Ptx9	5.3128	3	2	6	36,592	1.13	41,229	149
867 Other Conditions Associated With HIV		2.0973	1	1	5	14,379	0.74	10,672	27
867	Ptx9	2.0678	1	1	5	14,379	0.74	10,672	27
868 Miscellaneous Conditions With HIV		1.8578	27	23	48	11,545	1.04	11,979	41
868	Ptx9	1.7386	27	23	48	11,545	1.04	11,979	41
880 Amputation Of Lower Limb Except Toe With Major Vascular Surgery		5.4073	43	38	82	31,884	0.80	25,653	89
880	Ptx1	2.8385	20	19	31	18,084	0.51	9,275	47
880	Ptx2	3.2058	3	2	11	20,133	0.48	9,694	68
880	Ptx3	4.3955	6	5	12	27,212	0.65	17,688	63
880	Ptx4	8.9087	14	12	29	57,787	0.58	33,376	152
881 Amputation Of Lower Limb Except Toe		3.2391	276	201	432	19,638	0.87	17,004	83
881	Ptx1	1.6925	123	89	190	10,687	0.68	7,241	42
881	Ptx2	2.8134	52	36	85	18,741	0.79	14,814	72
881	Ptx3	3.4297	43	32	63	22,111	0.69	15,154	93
881	Ptx4	6.9979	58	44	100	46,800	0.67	31,450	174
882 Wound Debridement Or Other Amputation With Major Vascular Surgery		4.2753	16	11	19	26,346	0.56	14,729	86
882	Ptx1	2.3061	5	3	6	15,278	0.45	6,808	75
882	Ptx2	2.9953	3	3	5	20,121	0.36	7,152	68
882	Ptx3	3.8513	2	1	5	24,403	0.37	8,938	77
882	Ptx4	7.0262	6	4	6	47,676	0.42	20,138	110
883 Wound Debridement And Grafting Other Than Hand		2.9375	31	20	46	18,827	0.88	16,604	75
883	Ptx1	1.8803	22	13	29	13,098	0.65	8,527	53
883	Ptx2	2.2855	4	4	6	15,077	0.69	10,402	70
883	Ptx3	2.5745			5	16,709	0.62	10,357	69
883	Ptx4	11.5372	5	5	9	78,664	0.86	67,338	146
884 Other Amputations Including Toe		2.0495	66	44	87	12,640	0.98	12,392	56
884	Ptx1	1.0787	44	26	49	7,054	0.64	4,537	31
884	Ptx2	2.0519	8	7	16	13,698	0.89	12,161	55

Schedule 3 – Inpatient Statistical Background

CMG Code Description	Complexity Level	SWRV	Activity	2004/2005		2005/2006		Standard Deviation	Trim Point
				Centred Cases	Blended Cases	Cost of Variation	Average Coefficient of Variation		
884	Px3	2.9549	9	6	14	18,979	0.63	11,885	77
884	Px4	5.3424	5	4	9	35,704	0.51	18,046	91
885 PWS-Aortic Replacement	Px3	3.2064	316	183	379	19,128	0.57	10,855	24
885	Px1	2.3575	197	115	231	15,363	0.43	6,597	19
885	Px2	3.2077	33	19	50	20,760	0.52	10,750	27
885	Px3	3.6114	41	26	48	23,726	0.47	11,081	29
885	Px4	6.1396	45	31	67	40,039	0.61	24,468	51
887 Vascular Bypass Surgery	Px1	1.8538	303	181	371	11,922	0.48	5,771	19
887	Px2	2.4189	44	28	71	15,486	0.44	6,837	28
887	Px3	2.8935	53	30	69	18,719	0.46	8,694	30
887	Px4	6.3283	44	26	60	40,478	0.65	26,453	60
890 Other Thoraco-Abdominal Procedures	Px1	2.7313	57	40	83	16,909	0.97	16,365	43
890	Px1	1.4579	28	18	40	9,619	0.93	8,898	20
890	Px2	1.8559	8	6	10	12,496	0.28	3,496	38
890	Px3	2.2824	9	7	14	15,337	0.70	10,774	43
890	Px4	6.9735	12	9	22	47,322	0.77	36,423	73
891 Vascular Repair	Px1	1.7608	223	129	281	10,821	0.99	10,704	22
891	Px1	1.2448	176	104	212	8,344	0.85	7,057	13
891	Px2	2.0521	15	7	24	13,043	0.56	7,239	31
891	Px3	2.0396	15	13	26	14,317	0.68	9,714	33
891	Px4	6.3477	17	14	31	44,972	0.67	30,056	79
891	Px1	1.2309	139	65	139	7,714	0.65	4,992	16
892 Other Vascular Procedures	Px1	1.0651	116	52	115	7,182	0.60	4,312	13
892	Px2	1.8044	13	9	16	12,064	0.87	10,462	44
892	Px3	2.1247	9	6	10	14,672	0.76	11,190	36
892	Px4	6.4449	1	1	5	44,994	0.71	32,006	104
893 Vein Ligation And Stripping (MNRH)	Px1	0.3848	185	24	49	2,029	0.37	751	1
893	Px2	0.3530	184	24	49	2,029	0.37	751	1
893	Px2	0.2703	1	2	1,800	0.01	16	14	

Schedule 3 – Inpatient Statistical Background

CMG Code Description	Complexity Level	2004/2005				2005/2006			
		SWIVY	Activity	Costed Cases	Blended Costed Cases	Average Cost of Variation	Coefficient of Variation	Standard Deviation	Trimmed Mean
893	Pix3	Pix4	Pix4	0.8260	620	242	495	4,984	0.78
895 Deep Vein Thrombophlebitis	Pix1	Pix1	Pix1	0.6580	454	162	330	4,239	0.68
895	Pix2	Pix2	Pix2	0.8277	100	47	103	5,402	0.85
895	Pix3	Pix3	Pix3	1.3533	59	31	53	9,250	0.85
895	Pix4	Pix4	Pix4	2.8428	7	4	14	19,579	0.82
898 Peripheral Vascular Disease	Pix1	Pix1	Pix1	0.9153	368	158	352	5,441	1.13
898	Pix2	Pix2	Pix2	1.0734	54	30	59	7,029	0.74
898	Pix3	Pix3	Pix3	1.7758	30	15	35	11,082	0.83
898	Pix4	Pix4	Pix4	2.9278	13	8	21	18,719	0.90
900 Extensive Unrelated O.R. Procedures	Pix1	Pix1	Pix1	4.7228	389	286	580	30,522	0.98
900	Pix2	Pix2	Pix2	2.2778	151	106	217	16,015	0.98
900	Pix3	Pix3	Pix3	3.4071	47	30	65	22,915	0.60
900	Pix4	Pix4	Pix4	4.2489	45	34	78	28,978	0.58
901 Non-Extensive Unrelated O.R. Procedures	Pix1	Pix1	Pix1	2.5514	1,135	748	1,565	16,459	1.26
901	Pix2	Pix2	Pix2	2.1540	131	72	168	14,569	0.69
901	Pix3	Pix3	Pix3	3.0019	122	94	193	20,701	0.64
901	Pix4	Pix4	Pix4	6.5378	230	172	366	45,506	0.87
902 Post-Operative Complications With Unrelated O.R. Procedures	Pix1	Pix1	Pix1	2.5961	105	72	154	15,640	1.11
902	Pix2	Pix2	Pix2	1.0112	54	42	79	6,815	0.77
902	Pix3	Pix3	Pix3	2.8079	20	12	28	17,836	0.67
902	Pix4	Pix4	Pix4	3.0737	13	9	15	20,403	0.74
902	Pix4	Pix4	Pix4	6.8066	18	11	35	44,094	0.83
906 Unrelated O.R. Procedures (MNRH)	Pix1	Pix1	Pix1	1.7600	279	133	290	11,345	1.02
906	Pix2	Pix2	Pix2	0.9903	196	87	196	6,862	0.98
906	Pix2	Pix2	Pix2	2.3689	29	13	34	16,244	0.70

Schedule 3 – Inpatient Statistical Background

CNG Code	Description	2004/2005						2005/2006					
		Complexity Level	\$WRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Blended Costed Cases	Average Cost	Coefficient of Variation	Blended Costed Cases	Average Cost	Standard Deviation
906		Phx3	3.0192	28	14	27	21,290	0.76	16,094	87			
906		Phx4	4.3266	26	19	35	30,061	0.55	16,446	83			
908	Other Major Procedures for Gynecological Malignancy	0.7912	22	18	31	4,845	0.51						
908		Phx1	0.7679	21	18	31	5,029	0.58	2,923	11			
908		Phx2	1.7335	1	1	3	11,480	0.47	5,375	26			
908		Phx3											
908		Phx4											
909	Obsolete Psychiatric Diagnoses (MNRH)	1.0578	422	155	335	6,424	0.98	6,294	42				
909		Phx9	0.9783	422	155	335	6,424	0.98	6,294	42			
910	Diagnosis Not Generally Hospitalized	0.3184	243	78	162	2,543	1.76	4,468	4				
910		Phx9	0.3528	243	78	162	2,543	1.76	4,468	4			
912	Obstetric Codes Invalid As Most Responsible Diagnosis	0.3187	17	5	15	1,851	0.54	995	7				
912		Phx9	0.2935	17	5	15	1,851	0.54	995	7			
996	Cadaveric Donor Organ and Tissue Retrieval												
996		Phx9											
997	Stillbirths			292									
997		Phx9		292									
998	Neonate With Catastrophic Diagnosis LOS < 6 Days	0.4691	5	5	8	3,107	0.83	2,587	8				
998		Phx9	0.4457	5	5	8	3,107	0.83	2,587	8			
999	Ungroupable Data	0.3584	283	20	44	2,257	0.93	2,107	7				
999		Phx9	0.3345	283	20	44	2,257	0.93	2,107	7			



Schedule 4 – Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
1.1	Nerve & Other, Local Anaesthetic	164	71	236	1,295
1.2	Nerve & Other, General Anaesthetic	1,148	448	1,596	1,547
1.3	Nerve & Other, Other Anaesthetic	610	248	859	419
1.4	Nerve & Other, No Anaesthetic	69	46	115	1,842
2	Spinal	485	130	615	3,737
3	Nerve Injection	57	37	94	1,990
4	Orbital & Other Eye	955	283	1,238	2,831
5	Lens Interventions	475	135	609	13,809
6	Iris & Other Eye	66	30	96	1,206
7	Strabismus	1,067	329	1,396	1,724
8	External Eye	320	60	380	11,583
9	Bronch/ Pharynx	929	304	1,233	94
10	Tympanoplasty	1,042	363	1,405	1,210
11	Sinus Interventions	1,134	394	1,528	1,558
12	Other Sinus	797	268	1,065	158
13	Tonsils & Adenoids 12+ years	710	237	946	1,729
13.1	Tonsils & Adenoids 0 < 6 years	857	240	1,097	1,007
13.2	Tonsils & Adenoids 6 < 12 years	885	251	1,136	1,599
14	Nasal/Interventions	475	178	654	5,401
15	Other Respiratory	795	199	995	422
16	External Ear 18+ years	218	82	300	605
16.1	External Ear 0 < 1.5 years	559	148	707	463
16.2	External Ear 1.5 < 6 years	518	138	656	1,913
16.3	External Ear 6 < 12 years	490	135	625	800
16.4	External Ear 12 < 18 years	419	121	541	161
17	Respiratory Endoscopy - ENT	372	114	486	5,743
18	Pacemaker Implant	14,437	1,272	15,709	374
19	Cardiac Catheter 18+ years	1,008	288	1,296	6,435
19.1	Cardiac Catheter 0 < 6 years	3,183	642	3,825	108
19.2	Cardiac Catheter 6 < 18 years	3,364	893	4,258	219
20	Angiography 18+ years	1,634	414	2,048	4,794
20.1	Angiography 0 < 6 years	1,006	175	1,182	9

Schedule 4 – Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Custod Case\$
20.2	Angiography 6 < 12 years	1,389	285	1,673	13
20.3	Angiography 12 < 18 years	1,660	468	2,129	52
21	Vascular Interventions 18 + years	1,097	283	1,380	2,572
21.1	Vascular Interventions 0 < 18 years	910	242	1,152	229
22	Other Vascular Interventions	822	303	1,125	1,430
23.1	Lymphatic Interventions, Local Anaesthetic	405	105	510	47
23.2	Lymphatic Interventions, General Anaesthetic	1,634	511	2,145	890
23.3	Lymphatic Interventions, Other Anaesthetic	701	190	891	183
23.4	Lymphatic Interventions, No Anaesthetic	198	66	263	225
24	Minor Vascular	155	62	217	5,508
25	Cholecystectomy	1,246	449	1,695	3,243
26	Hernia	1,100	372	1,472	6,368
27	ERCP	936	254	1,189	2,005
28.1	Endoscopy GI - Low	436	139	575	2,108
28.2	Endoscopy GI - Medium	347	106	453	52,657
28.3	Endoscopy GI - High	400	119	519	6,497
29.1	Ano-Rectal Interventions, Local Anaesthetic	168	68	236	98
29.2	Ano-Rectal Interventions, General Anaesthetic	798	296	1,093	991
29.3	Ano-Rectal Interventions, Other Anaesthetic	464	135	599	2,053
29.4	Ano-Rectal Interventions, No Anaesthetic	122	46	168	425
30.1	Minor Anal Interventions, Local Anaesthetic	109	43	152	259
30.2	Minor Anal Interventions, General Anaesthetic	1,038	300	1,337	415
30.3	Minor Anal Interventions, Other Anaesthetic	477	136	613	3,374
30.4	Minor Anal Interventions, No Anaesthetic	225	78	303	2,291
31	Mechanical Implants	2,002	386	2,388	208
32	Lithotripsy	526	208	734	4,577
33	Upper Urinary Interventions	1,039	305	1,344	1,812
34.1	Lower Uri & Genital	1,018	312	1,330	2,230
34.2	Reconstruction, Vas Deferens	1,824	675	2,500	65
35.1	Bladder & Urethral Interventions, Local Anaesthetic	170	68	238	28,836
35.2	Bladder & Urethral Interventions, General Anaesthetic	774	254	1,028	1,965
35.3	Bladder & Urethral Interventions, Other Anaesthetic	455	169	624	1,621

Schedule 4 – Ambulatory Care Cost Results

ACOS Group	Description	Average Direct Cost	Indirect Cost	Average Cost	Costed Cases
35.4	Bladder & Urethral Interventions, No Anaesthetic	210	77	286	341
36.1	Vasectomy	236	87	323	2,437
36.2	Other Male Genital Interventions	949	314	1,263	975
37	Circumcision 18+ years	750	258	1,008	499
37.1	Circumcision 0 < 1.5 years	138	64	202	1,914
37.2	Circumcision 1.5 < 6 years	807	213	1,020	305
37.3	Circumcision 6 < 12 years	811	230	1,041	257
37.4	Circumcision 12 < 18 years	821	275	1,095	119
38	Uro Diagnostic Interventions	225	82	307	6,567
39	Uterus & Adnexal Intervention	944	351	1,295	4,899
40	Endo & Gyn Interventions	635	241	877	5,579
41	Minor Gyn Interventions	211	53	264	10,831
42	Evacuations	386	186	572	5,430
43	Maxillo-Facial	1,016	342	1,358	316
44	Chest/Wall Interventions	949	274	1,223	316
45.1	Upper Extremity Interventions	621	226	847	992
45.2	Shoulder Interventions	1,437	483	1,921	731
46	Open Reductions	1,166	418	1,584	948
47	Tendon & Muscle Interventions	554	206	760	2,925
48	Closed Reductions	281	95	375	8,220
49	Lower Extremity	1,103	343	1,446	148
50	Knee Interventions	887	331	1,218	6,930
51	Ankle & Foot	1,005	371	1,376	1,692
52.1	Remove Int Fixation, Lower Extremity	678	246	924	1,625
52.2	Other Removal, Int Fixation	340	127	467	1,543
53	Soft Tissue Interventions	384	134	518	2,445
54	Manipulations	456	157	614	161
55	Mastectomy	505	169	674	1,593
56.1	Augment/Reduc Breast Bilateral	1,832	637	2,469	1,376
56.2	Augment/Reduc Breast Unilateral	1,470	474	1,944	420
57	Breast Plastic Interventions	756	233	989	861
58.1	Ear & Cleft Lip Reconstruction	1,304	563	1,867	51

Schedule 4 -- Ambulatory Care Cost Results

ACCS Group	Description	Average		Average		Costed Cases
		Direct Cost	Indirect Cost	Average Cost	Average Cost	
58.2	Face Rhinoplasty	1,851	568	2,419	75	
58.3	Other Plastic Reconstruction	862	299	1,161	2,021	
59.1	Skin Interventions, Local Anaesthetic	104	39	142	23,444	
59.2	Skin Interventions, General Anaesthetic	978	322	1,300	1,922	
59.3	Skin Interventions, Other Anaesthetic	151	58	209	3,974	
59.4	Skin Interventions, No Anaesthetic	121	46	168	11,983	
60	Dental Surgery	988	277	1,265	3,063	
61.1	Biopsy, Other	683	141	824	1,491	
61.2	Biopsy, Percutaneous	640	157	797	8,060	
62	Hemodialysis	254	51	305	193,647	
62.1	Home Hemodialysis Teaching	1,000	149	1,149	5	
62.2	Selfcare Hemodialysis					
63	Transfusions	421	152	572	8,393	
64	Cardioversion	383	112	494	1,272	
65	Chemotherapy Oncology	326	80	406	532	
66	Myelogram	535	132	667	77	
68	Thyroid Interventions	1,299	461	1,760	43	
69	Parotid Duct Interventions	1,214	408	1,622	45	
70	Appendectomy	1,361	469	1,829	31	
71	Gastro-Intestinal Related Interventions	280	96	376	2,469	
72	Peritoneal Dialysis	416	38	454	1,033	
72.1	Home Peritoneal Dialysis Teaching	153	14	167	6,423	
73	Hos Visit Including Diagnostic Investigation of Vascular Sys	795	133	928	11,334	
74	Hospital Visit Including Nuclear Imaging	462	95	557	73,480	
75	Hospital Visit Including CAT Scan	498	94	592	35,171	
76	Hospital Visit Including MRI	321	61	383	533	
77	Hospital Visit Radiotherapy	61	12	74	17,322	
78	Chest Xray	121	26	147	45,875	
79	Other Xray	97	45	142	5	
80	Mammogram	299	40	339	27,985	
81	Ultrasound	956	151	1,106	2,706	
82.1	Extensive Sleep Studies					

Schedule 4 – Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
82.2	Other Sleep Labs	192	30	222	280
83	Inner Ear	1,476	585	2,061	220
84	Hyperbaric Chamber	239	45	283	2,029
85	Discrete Diagnostic Investigation of Vascular System				
86	Discrete Nuclear Imaging	647	95	742	5,371
87	Discrete CAT Scan	300	40	339	31,956
88	Discrete MRI	456	75	531	44,453
89	Discrete Radiotherapy	154	23	178	236
99	Ungroupables - Based on Interventions	1,435	430	1,865	168
201	Diag Inv General Cardiac 0 < 12 years	223	56	279	257
203	Diag Inv General Cardiac 12 < 18 years	221	62	283	240
205	Diag Inv General Cardiac 18+ years	311	86	397	13,256
206	Management General Cardiac 0 < 1.5 years	98	15	113	773
207	Management General Cardiac 1.5 < 12 years	100	17	117	1,740
208	Management General Cardiac 12 < 18 years	101	19	120	1,052
210	Management General Cardiac 18+ years	105	27	132	66,053
213	Dysrhythmia & Conductive Disorders	161	49	210	12,338
214	Congestive Heart Failure	153	41	194	7,936
215	Inflammatory Cardiac	182	52	233	203
216	Congenital Heart Disease	212	35	247	2,549
217	Diag Inv Angina	393	117	510	2,131
218	Management Angina	79	31	110	18,887
219	Diag Inv Vascular	302	74	376	1,188
220	Management Vascular	91	30	121	4,791
251	Diag Inv General Endocrinol 0 < 18 years	178	40	218	258
254	Diag Inv General Endocrinol 18+ years	231	64	294	121
255	Management General Endocrinol 0 < 1.5 years	83	28	112	602
256	Management General Endocrinol 1.5 < 6 years	72	24	96	626
257	Management General Endocrinol 6 < 18 years	55	17	72	1,341
258	Management General Endocrinol 18+ years	49	22	72	8,846
259	Management Diabetes < 18 years	152	81	233	4,289
260	Management Diabetes 18+ years	92	43	135	33,153

Schedule 4 – Ambulatory Care Cost Results

Accts Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
262	Thyotoxicosis	42	19	61	2,153
264	Management Ketacidosis	330	121	451	111
266	Fluid & Electrolyte < 6 years	264	97	361	679
267	Fluid & Electrolyte 6 + years	229	74	303	3,539
301	Diag Inv General ENT	179	57	236	7,367
303	Management General ENT	103	37	139	43,651
305	Otitis Media	69	29	99	13,126
306	Epistaxis	95	35	130	1,896
351	Diag Inv General Female Genital Disorders < 45 years	446	100	546	874
352	Diag Inv General Female Genital Disorders 45 + years	285	73	358	184
353	Management General Female Genital Disorders < 18 years	111	35	146	1,007
354	Management General Female Genital Disorders 18 < 45 years	91	22	113	12,570
355	Management General Female Genital Disorders 45 + years	82	34	116	3,770
356	Management Contraceptive	60	19	79	4,504
357	Diag Inv General Male Genital Disorders < 18 years	330	83	413	209
358	Diag Inv General Male Genital Disorders 18 + years	298	75	374	361
359	Management General Male Genital Disorders < 18 years	74	29	103	1,437
360	Management General Male Genital Disorders 18 + years	73	24	97	3,442
361	Diag Inv Other Genitourological Disorders < 18 years	286	81	368	610
362	Diag Inv Other Genitourological Disorders 18 + years	288	85	373	4,475
363	Management Other Genitourological Disorders < 18 years	112	40	152	7,120
364	Management Other Genitourological Disorders 18 + years	88	23	110	45,912
400	Diag Inv General Gastrointestinal 0 < 1.5 years	238	77	315	819
401	Diag Inv General Gastrointestinal 1.5 < 6 years	221	73	294	1,269
402	Diag Inv General Gastrointestinal 6 < 18 years	256	78	333	3,263
403	Diag Inv General Gastrointestinal 18 < 45 years	338	90	428	7,843
404	Diag Inv General Gastrointestinal 45 < 65 years	323	92	415	4,392
405	Diag Inv General Gastrointestinal 65 + years	346	103	450	3,751
406	Management General Gastrointestinal 0 < 1.5 years	92	38	130	9,927
407	Management General Gastrointestinal 1.5 < 6 years	102	42	144	9,374
408	Management General Gastrointestinal 6 < 18 years	104	40	145	10,996
409	Management General Gastrointestinal 18 < 45 years	104	35	139	29,460

Schedule 4 – Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
410	Management General Gastrointestinal 45 < 65 years	91	30	121	14,312
411	Management General Gastrointestinal 65 + years	101	35	136	7,138
412	Constipation with Disimpaction	303	104	408	64
413	GI Bleed / Perforation / Obstruction	174	57	231	2,838
451	Diag Inv Hematological	303	76	379	845
452	Management Hematological 0 < 6 years	152	49	200	1,875
453	Management Hematological 6 < 12 years	149	46	196	1,772
454	Management Hematological 12 < 18 years	181	52	233	2,007
455	Management Hematological 18 < 65 years	141	46	187	10,207
456	Management Hematological 65 + years	124	39	164	4,598
501	Diag Inv Hepatobiliary	413	114	528	1,753
502	Management Hepatobiliary	68	22	90	11,998
551	Diag Inv Inflam Musculoskeletal 0 < 6 years	255	80	335	33
553	Diag Inv Inflam Musculoskeletal 6 < 12 years	206	58	264	85
554	Diag Inv Inflam Musculoskeletal 12 < 18 years	198	53	251	110
555	Diag Inv Inflam Musculoskeletal 18 + years	202	54	256	3,448
556	Diag Inv Other Musculoskeletal < 18 years	112	35	148	15,043
557	Diag Inv Other Musculoskeletal 18 + years	123	43	166	61,873
558	Management Inflam Musculoskeletal 0 < 6 years	102	30	132	274
560	Management Inflam Musculoskeletal 6 < 12 years	87	27	113	378
561	Management Inflam Musculoskeletal 12 < 18 years	78	24	102	532
562	Management Inflam Musculoskeletal 18 + years	56	21	78	22,610
563	Management Other Musculoskeletal < 18 years	53	21	73	10,479
564	Management Other Musculoskeletal 18 + years	42	21	63	78,611
565	Diag Inv Congenital Musculoskeletal Deformities	268	69	336	85
566	Management Congenital Musculoskeletal Deformities	167	46	213	585
567	Diag Inv Other Inflam Musculoskeletal	171	54	225	1,496
568	Management Other Inflam Musculoskeletal	69	29	98	4,386
569	Infectious Musculoskeletal	109	40	149	2,703
601	Diag Inv General Neurology	227	64	291	1,081
602	Management General Neurology 0 < 6 years	111	32	144	2,162
603	Management General Neurology 6 < 12 years	137	38	175	2,288

Schedule 4 – Ambulatory Care Cost Results

Activity Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
604	Management General Neurology 12 < 18 years	106	31	137	1,347
605	Management General Neurology 18 < 65 years	92	36	128	9,377
606	Management General Neurology 65 + years	149	39	188	4,118
607	Migraine Headache	83	32	115	8,514
608	Diag Inv Headache	218	66	284	320
609	Management Headache	74	28	102	8,080
610	Diag Inv Meningitis	320	86	406	16
611	Management Meningitis	109	34	143	305
612	Diag Inv Cerebrovascular	326	90	416	972
613	Management Cerebrovascular	141	31	172	11,381
614	Diag Inv Convulsions	275	89	364	477
615	Management Convulsions	109	35	143	12,179
616	Diag Inv Vertigo	300	90	390	504
617	Management Vertigo	131	42	173	5,139
651	Antepartum Routine	100	31	130	2,171
652	Postpartum Routine	115	63	178	993
653	Diag Inv Neonatal & Congenital	238	74	312	180
654	Management Neonatal & Congenital	114	45	159	1,857
656	Delivery with Postpartum Complications	114	37	151	28
657	Delivery without Postpartum Complications	128	51	178	6
658	Postpartum Conditions Outcomes Uncomplicated	87	35	122	4,442
659	Diag Inv Pregnancy with Abortive	489	119	608	525
660	Management Pregnancy with Abortive Outcomes Uncomp	167	49	216	1,174
662	Diag Inv Antepartum	310	74	384	7,700
663	Management Antepartum	112	36	149	35,173
664	Diag Inv Pregnancy with Abortive Outcomes Complica	482	107	589	85
665	Management Pregnancy with Abortive Outcomes Complic	200	53	253	239
701	Diag Inv Oncological	263	81	344	816
702	Management Oncological	120	46	166	7,033
703	Radiotherapy (includes diagnosis code V58.0)	61	31	93	2
704	IV Therapy -- Non Cancer Related	97	33	130	87,078
751	Diag Inv Ophthalmology 0 < 12 years	130	53	183	202

Schedule 4 - Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Indirect Cost	Average Cost	Custod Case
752	Diag Inv Ophthalmology 12 < 18 years	121	54	175	207
753	Diag Inv Ophthalmology 18 < 45 years	130	58	187	1,548
754	Diag Inv Ophthalmology 45 + years	131	64	195	12,470
755	Management Ophthalmology 0 < 12 years	65	24	89	8,648
756	Management Ophthalmology 12 < 18 years	60	25	85	2,726
757	Management Ophthalmology 18 < 45 years	61	27	89	14,476
758	Management Ophthalmology 45 + years	74	33	107	52,187
801	Diag Inv Psychiatry	248	78	326	918
802	Management Psychiatry	92	36	128	54,745
803	Drug & Alcohol Related Conditions	194	69	262	8,093
851	Diag Inv General Respiratory < 18 years	197	68	265	8,020
852	Diag Inv General Respiratory 18 + years	246	76	323	18,173
853	Management General Respiratory 0 < 1.5 years	109	44	153	5,869
854	Management General Respiratory 1.5 < 6 years	110	45	155	10,405
855	Management General Respiratory 6 < 18 years	111	39	149	8,518
856	Management General Respiratory 18 < 65 years	111	36	147	12,669
857	Management General Respiratory 65 + years	158	47	204	6,061
863	Diag Inv Severe Respiratory Disease	283	103	386	649
864	Management Severe Respiratory Disease	199	88	288	1,178
901	Diag Inv Skin & Soft Tissue	176	57	233	8,953
902	Management Skin & Soft Tissue	64	28	93	67,816
906	Cellulitis	112	42	154	10,348
951	Diag Inv Systemic Infection	233	72	304	4,003
952	Management Systemic Infection < 18 years	95	38	133	14,197
953	Management Systemic Infection 18 < 45 years	97	32	130	2,372
954	Management Systemic Infection 45 + years	98	33	130	1,225
955	Diag Inv AIDS	281	41	322	258
956	Management AIDS	130	15	145	5,336
999	Ungroupable	129	41	170	221
1001	Open Fracture Fingers & Toes	154	51	205	140
1002	Closed Fracture Fingers & Toes	93	32	126	4,855
1003	Fractured Nose, Open & Closed	109	38	147	814

Schedule 4 – Ambulatory Care Cost Results

AGDS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Coated Cases
1004	Open Fracture & Dislocations Other	157	48	205	800
1005	Closed Fracture & Dislocations Other	145	48	193	23,413
1007	Open Wounds without Complications	81	30	111	9,551
1008	Open Wound with Complications	100	34	134	1,772
1009	Sprains	119	39	159	28,597
1010	Contusions Fingers/Toes	91	31	122	2,284
1011	Contusions except Fingers/Toes	119	39	158	19,818
1012	Open Wound Eye	76	29	105	585
1013	Foreign Body Eyes, Ears, Nose	62	26	88	1,612
1014	Foreign Body except Eyes, Ears, Nose	129	44	173	1,585
1015	Diag Inv Poisoning	359	114	474	591
1016	Management Poisoning	193	71	264	7,924
1017	Amputation except Fingers/Toes	85	50	135	1
1018	Abuse/ Sexual Assault 0 < 12 years	388	42	430	656
1019	Abuse/ Sexual Assault 12+ years	255	50	306	702
1020	Burn Moderate to Severe	78	31	109	273
1021	Minor Other Injuries	119	41	160	14,676
1022	Moderate Other Injuries	409	119	527	2,478
1024	Comas	213	77	290	63
1025	Shock	166	65	231	509
1026	Open Spinal Fracture & Dislocation	413	177	591	1
1027	Closed Spinal Fracture & Dislocation	230	74	304	453
1028	Diag Inv Head Injury	216	73	290	899
1029	Management Head Injury	84	34	118	5,550
1030	Diag Inv Thoraco-Abdominal & Major Vascular	266	83	349	203
1031	Management Thoraco-Abdominal & Major Vascular	97	39	136	2,320
1032	Burn Minor 0 < 6 years	91	39	130	546
1033	Burn Minor 6 + years	67	27	94	2,205
1034	Diag Inv Major Other Injuries	242	71	313	46
1035	Management Major Other Injuries	248	51	299	328
1051	Assessment Referral	67	17	84	2,552
1052	Assessment Intake	204	53	258	16,318

Schedule 4 – Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Indirect Cost	Average Cost	Costed Cases
1053	Assessment Collateral	140	51	191	162
1054	Legal Assessment Half Day				
1055	Legal Assessment Full Day				
1056	Assessment Specialized	184	40	224	7,197
1057	Individual Therapy	83	19	102	58,191
1058	Crisis / Intervention Calls Telephone Crisis Calls				
1059	Crisis / Intervention Calls Mobile Crisis Intervention Call	136	31	166	428
1060	Couple Therapy	204	29	233	1,715
1061	Family Therapy	22	6	29	168,630
1062	Group Therapy	216	94	310	1,423
1063	ECT	140	32	172	14,586
1064	Medication Administration	62	32	94	28,141
1065	Patient Specific Consultations / Case Supervision				
1066	Patient Specific Hearings				
1067	Patient Specific Professional Reports and Applications				
1068	Patient Specific Critical Incident Documentation	147	43	190	400
1069	Diagnostic Testing/ Scoring Testing Type 1	473	86	558	310
1070	Diagnostic Testing/ Scoring Testing Type 2	1,094	230	1,324	125
1071	Diagnostic Testing/ Scoring Testing Type 3	63	14	77	1,786
1072	Therapeutic Milieu Programs Half Day	525	150	675	5
1073	Therapeutic Milieu Programs Full Day	70	22	92	18,237
1074	Mental Health Education 0-120 min	399	129	528	19
1075	Mental Health Education 121-240 min				
1076	Mental Health Education 241-360 min				
1077	Mental Health Education 361-480 min	17	2	19	31,387
1101	OT Group 1	41	5	47	28,327
1102	OT Group 2	58	9	67	8,732
1103	OT Group 3	141	20	161	34,229
1104	OT Group 4	164	23	187	2,741
1105	OT Group 5	298	44	343	1,387
1106	OT Group 6	22	11	33	51,569
1111	Physical Therapy Group 1				

Schedule 4 -- Ambulatory Care Cost Results

ACOS Group	Description	Average Direct Cost	Indirect Cost	Average Cost	Average Cost	Costed Cases
1112	Physical Therapy Group 2	40	11	50	58,006	
1113	Physical Therapy Group 3	51	11	62	12,853	
1114	Physical Therapy Group 4	98	18	116	39,377	
1115	Physical Therapy Group 5	147	26	173	2,224	
1116	Physical Therapy Group 6	261	49	310	918	
1121	Recreational Therapy Group 1	18	3	21	11,733	
1122	Recreational Therapy Group 2	39	6	45	7,922	
1123	Recreational Therapy Group 3	55	9	65	594	
1124	Recreational Therapy Group 4	95	16	110	2,793	
1125	Recreational Therapy Group 5	161	21	182	153	
1126	Recreational Therapy Group 6	240	30	270	55	
1131	Speech-Language Pathology Group 1	28	5	33	7,249	
1132	Speech-Language Pathology Group 2	52	9	60	11,675	
1133	Speech-Language Pathology Group 3	81	15	96	485	
1134	Speech-Language Pathology Group 4	210	35	244	23,022	
1135	Speech-Language Pathology Group 5	247	45	292	805	
1136	Speech-Language Pathology Group 6	428	72	499	713	
1141	Audiology Group 1	119	29	148	964	
1142	Audiology Group 2	65	14	79	3,641	
1143	Audiology Group 3	260	45	305	9,339	
1144	Audiology Group 4	558	101	659	489	
1145	Audiology Group 5 - Cochlear Implant	39	7	46	13,490	
1151	Respiratory Therapy Group 1	72	13	85	20,001	
1152	Respiratory Therapy Group 2	62	9	71	10,820	
1153	Respiratory Therapy Group 3	132	19	151	15,812	
1154	Respiratory Therapy Group 4	151	22	173	5,943	
1155	Respiratory Therapy Group 5	291	45	337	5,299	
1156	Respiratory Therapy Group 6	24	4	29	37,186	
1201	Clinical Nutrition Group 1	53	9	62	24,262	
1202	Clinical Nutrition Group 2	81	10	91	5,524	
1203	Clinical Nutrition Group 3	143	26	170	22,106	
1204	Clinical Nutrition Group 4					

Schedule 4 – Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
1205	Clinical Nutrition Group 5	179	21	200	2,304
1206	Clinical Nutrition Group 6	286	31	316	753
1221	Social Work Group 1	44	7	51	24,084
1222	Social Work Group 2	99	14	113	16,697
1223	Social Work Group 3	174	22	197	2,745
1224	Social Work Group 4	279	45	325	2,256
1225	Social Work Group 5	359	44	403	237
1226	Social Work Group 6	577	72	648	44
1241	Psychology Group 1	45	8	53	11,718
1242	Psychology Group 2	137	21	158	6,784
1243	Psychology Group 3	224	34	258	1,517
1244	Psychology Group 4	454	79	534	5,165
1245	Psychology Group 5	620	110	730	596
1246	Psychology Group 6	1,483	194	1,676	255
1247	Psychology Group 7	442	74	516	88
1248	Psychology Group 8	519	84	603	72
1249	Psychology Group 9	628	106	734	45
2001	Critical Care Unit or O.R. with Secondary Diagnosis	380	113	493	3,023
2002	Critical Care Unit or O.R. without Secondary Diagnosis	477	103	579	3,985
2003	Other Unit with Secondary Diagnosis	337	104	441	34,316
2004	Other Unit without Secondary Diagnosis	285	85	371	33,758
2021	DOA	70	17	88	30
2022	Died During Visit	236	76	312	366
2023	Death - Organ Donor	27	3	30	1
2041	Patient Transferred with Secondary Diagnosis	404	135	538	5,580
2042	Patient Transferred without Secondary Diagnosis	361	113	474	4,304
2050	Diag Inv General Symptoms/Exam	226	40	266	20,563
2051	Management General Symptoms/Exam < 18 years	138	60	198	17,452
2052	Management General Symptoms/Exam 18 < 45 years	92	34	126	23,029
2053	Management General Symptoms/Exam 45 < 65 years	92	32	124	18,276
2054	Management General Symptoms/Exam 65+ years	126	41	168	18,113
2059	Prophylactic Vaccination	91	39	130	5,902

Schedule 4 – Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
2060	Therapeutic Medical Counseling	116	33	149	12,862
2062	Preoperative Exam	176	45	221	73,669
2064	Therapy - No Intervention Code	104	27	131	21,769
2066	Contact/Carrier of Communicable Disease	99	22	122	486
2067	Health Hazard Related to Personal/Family History	1,626	440	2,066	2,148
2068	Routine Health Supervision	61	27	88	21,533
2069	Postsurgical Status	98	38	135	17,885
2070	Follow-up/Convalescence	66	21	88	37,215
2071	Screening Exam	155	35	190	8,179
2072	Screening Exam - Genetics	956	122	1,077	3,693
2073	Genetic Counselling				
2081	Non Registered Service Recipients				
2082	Mode of Service - Telephone	41	10	51	358,766
2099	Patient Left Without Being Seen	92	45	137	1,932

Schedule 5 – Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Blended	Average Cost: 2003/2004	Blended
		2004/2005	2003/2004	Blended			
1.1	Nerve & Other, Local Anaesthetic	766	529	1,295	224	253	236
1.2	Nerve & Other, General Anaesthetic	746	801	1,547	1,721	1,480	1,596
1.3	Nerve & Other, Other Anaesthetic	244	175	419	837	889	859
1.4	Nerve & Other, No Anaesthetic	949	893	1,842	103	128	115
2	Spinal	1,819	1,918	3,737	673	560	615
3	Nerve Injection	1,077	913	1,990	88	101	94
4	Orbital & Other Eye	1,324	1,507	2,831	1,202	1,270	1,238
5	Lens Interventions	7,125	6,684	13,809	609	609	609
6	Iris & Other Eye	765	441	1,206	92	104	96
7	Strabismus	851	873	1,724	1,418	1,374	1,396
8	External Eye	5,757	5,826	11,583	396	363	380
9	Bronch/Pharynx	53	41	94	1,213	1,259	1,233
10	Tympanoplasty	688	522	1,210	1,450	1,346	1,405
11	Sinus Interventions	793	765	1,558	1,544	1,511	1,528
12	Other Sinus	69	89	158	1,044	1,082	1,065
13	Tonsils & Adenoids 12+ years	931	798	1,729	971	917	946
13.1	Tonsils & Adenoids 0 < 6 years	522	485	1,007	1,064	1,132	1,097
13.2	Tonsils & Adenoids 6 < 12 years	791	808	1,599	1,100	1,172	1,136
14	Nasal Interventions	2,763	2,638	5,401	672	635	654
15	Other Respiratory	194	228	422	1,059	940	995
16	External Ear 18+ years	297	308	605	342	259	300
16.1	External Ear 0 < 1.5 years	208	255	463	691	720	707
16.2	External Ear 1.5 < 6 years	958	955	1,913	651	661	656
16.3	External Ear 6 < 12 years	413	387	800	613	639	625
16.4	External Ear 12 < 18 years	83	78	161	562	518	541
17	Respiratory Endoscopy - ENT	2,832	2,911	5,743	502	470	486
18	Pacemaker Implant	329	45	374	16,278	11,544	15,709
19	Cardiac Catheter 18+ years	3,280	3,155	6,435	1,376	1,214	1,296
19.1	Cardiac Catheter 0 < 6 years	54	54	108	4,338	3,311	3,825
19.2	Cardiac Catheter 6 < 18 years	134	85	219	4,787	3,423	4,258
20	Angiography 18+ years	2,467	2,297	4,794	2,125	1,963	2,048
20.1	Angiography 0 < 6 years	6	3	9	1,146	1,252	1,182

Schedule 5 – Ambulatory Care Yearly Comparisons

ACDS Code	Description	Costed Cases			Average Cost 2004/2005 / 2003/2004	Blended
		2004/2005	2003/2004	Blended		
20.2	Angiography 6 < 12 years	3	10	13	1,148	1,831
20.3	Angiography 12 < 18 years	28	24	52	2,000	2,278
21	Vascular Interventions 18 + years	1,542	1,030	2,572	1,570	1,094
21.1	Vascular Interventions 0 < 18 years	129	100	229	1,164	1,136
22	Other Vascular Interventions	750	680	1,430	1,169	1,077
23.1	Lymphatic Interventions, Local Anaesthetic	34	13	47	573	346
23.2	Lymphatic Interventions, General Anaesthetic	492	398	890	2,344	1,899
23.3	Lymphatic Interventions, Other Anaesthetic	127	56	183	833	1,021
23.4	Lymphatic Interventions, No Anaesthetic	123	102	225	267	259
24	Minor Vascular	3,159	2,349	5,508	214	221
25	Cholecystectomy	1,685	1,558	3,243	1,786	1,596
26	Hernia	3,210	3,158	6,368	1,542	1,402
27	ERCP	1,021	984	2,005	1,459	909
28.1	Endoscopy GI - Low	1,141	967	2,108	593	553
28.2	Endoscopy GI - Medium	29,087	23,570	52,657	480	420
28.3	Endoscopy GI - High	3,577	2,920	6,497	558	472
29.1	Ano-Rectal Interventions, Local Anaesthetic	62	36	98	237	235
29.2	Ano-Rectal Interventions, General Anaesthetic	510	481	991	1,137	1,047
29.3	Ano-Rectal Interventions, Other Anaesthetic	1,155	898	2,053	622	570
29.4	Ano-Rectal Interventions, No Anaesthetic	219	206	425	148	191
30.1	Minor Anal Interventions, Local Anaesthetic	134	125	259	160	143
30.2	Minor Anal Interventions, General Anaesthetic	226	189	415	1,475	1,173
30.3	Minor Anal Interventions, Other Anaesthetic	2,036	1,338	3,374	628	592
30.4	Minor Anal Interventions, No Anaesthetic	1,128	1,163	2,291	301	305
31	Mechanical Implants	167	41	208	2,462	2,089
32	Lithotripsy	2,490	2,487	4,977	684	783
33	Upper Urinary Interventions	937	875	1,812	1,495	1,183
34.1	Lower Uri & Genital	1,157	1,073	2,230	1,361	1,296
34.2	Reconstruction, Vas Deferens	31	34	65	2,497	2,502
35.1	Bladder & Urethral Interventions, Local Anaesthetic	14,898	13,938	28,836	233	243
35.2	Bladder & Urethral Interventions, General Anaesthetic	997	968	1,965	1,051	1,004
35.3	Bladder & Urethral Interventions, Other Anaesthetic	781	840	1,621	642	607

Schedule 5 – Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
35.4	Bladder & Urethral Interventions, No Anaesthetic	193	148	341	272	306	286
36.1	Vasectomy	1,224	1,213	2,437	314	333	323
36.2	Other Male Genital Interventions	537	438	975	1,319	1,194	1,263
37	Circumcision 18+ years	265	234	499	1,035	978	1,008
37.1	Circumcision 0 < 1.5 years	855	1,059	1,914	211	195	202
37.2	Circumcision 1.5 < 6 years	139	166	305	1,022	1,019	1,020
37.3	Circumcision 6 < 12 years	127	130	257	1,072	1,012	1,041
37.4	Circumcision 12 < 18 years	67	52	119	1,100	1,089	1,095
38	Uro Diagnostic Interventions	3,250	3,317	6,567	338	276	307
39	Uterus & Adnexal Intervention	2,372	2,527	4,899	1,364	1,231	1,295
40	Endo & Gyn Interventions	2,733	2,846	5,579	897	857	877
41	Minor Gym Interventions	5,362	5,489	10,831	271	256	264
42	Evacuations	2,643	2,787	5,430	603	543	572
43	Maxillo-Facial	170	146	316	1,326	1,396	1,358
44	Chest Wall Interventions	171	145	316	1,201	1,249	1,223
45.1	Upper Extremity Interventions	519	473	992	870	822	847
45.2	Shoulder Interventions	353	378	731	2,003	1,845	1,921
46	Open Reductions	566	382	948	1,496	1,714	1,584
47	Tendon & Muscle Interventions	1,574	1,351	2,925	740	784	760
48	Closed Reductions	4,155	4,065	8,220	358	393	375
49	Lower Extremity	59	89	148	1,643	1,316	1,446
50	Knee Interventions	3,517	3,413	6,930	1,251	1,184	1,218
51	Ankle & Foot	867	825	1,692	1,439	1,310	1,376
52.1	Remove Int Fixation, Lower Extremity	874	751	1,625	955	888	924
52.2	Other Removal, Int Fixation	819	724	1,543	469	465	467
53	Soft Tissue Interventions	1,388	1,057	2,445	543	485	518
54	Manipulations	79	82	161	663	566	614
55	Mastectomy	847	746	1,593	729	612	674
56.1	Augment/Reduc Breast Bilateral	712	664	1,376	2,545	2,388	2,469
56.2	Augment/Reduc Breast Unilateral	240	180	420	1,900	2,002	1,944
57	Breast Plastic Interventions	505	356	861	1,018	948	989
58.1	Ear & Cleft Lip Reconstruction	26	25	51	1,915	1,818	1,867

Schedule 5 – Ambulatory Care Yearly Comparisons

ACDS Code	Description	Costed Cases			Average Cost 2004/2005 - 2003/2004			Blended
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	
58.2	Face Rhinoplasty	65	10	75	2,481	2,010	2,419	
58.3	Other Plastic Reconstruction	1,161	860	2,021	1,175	1,142	1,161	
59.1	Skin Interventions, Local Anaesthetic	12,148	11,296	23,444	150	134	142	
59.2	Skin Interventions, General Anaesthetic	1,003	919	1,922	1,394	1,198	1,300	
59.3	Skin Interventions, Other Anaesthetic	2,097	1,877	3,974	212	205	209	
59.4	Skin Interventions, No Anaesthetic	5,842	6,141	11,983	159	176	168	
60	Dental Surgery	1,565	1,498	3,063	1,228	1,304	1,265	
61.1	Biopsy, Other	769	722	1,491	849	797	824	
61.2	Biopsy, Percutaneous	4,011	4,049	8,060	836	759	797	
62	Hemodialysis	98,758	94,889	193,647	305	305	305	
62.1	Home Hemodialysis Teaching			5				1,149
62.2	Selfcare Hemodialysis							
63	Transfusions	4,292	4,101	8,393	578	566	572	
64	Cardioversion	676	596	1,272	490	500	494	
65	Chemotherapy Oncology	216	316	532	404	407	406	
66	Myelogram	43	34	77	776	529	667	
68	Thyroid Interventions	23	20	43	1,992	1,493	1,760	
69	Parotid Duct Interventions	22	23	45	2,175	1,093	1,622	
70	Appendectomy	18	13	31	1,984	1,616	1,829	
71	Gastro-Intestinal Related Interventions	1,124	1,345	2,469	375	376	376	
72	Peritoneal Dialysis	552	481	1,033	464	444	454	
72.1	Home Peritoneal Dialysis-Teaching	2,915	3,508	6,423	180	157	167	
73	Hos Visit Including Diagnostic Investigation of Vascular Sys							
74	Hospital Visit Including Nuclear Imaging	2,984	8,350	11,334	1,181	838	928	
75	Hospital Visit Including CAT Scan	24,046	49,434	73,480	731	473	557	
76	Hospital Visit Including MRI	855	34,316	35,171	1,192	577	592	
77	Hospital Visit Radiotherapy	181	352	533	389	379	383	
78	Chest X-ray	8,373	8,949	17,322	69	78	74	
79	Other X-ray	22,255	23,620	45,875	173	122	147	
80	Mammogram			5				142
81	Ultrasound	13,839	14,146	27,985	339	340	339	
82.1	Extensive Sleep Studies	1,442	1,264	2,706	1,130	1,079	1,106	

Schedule 5 – Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
82.2	Other Sleep Labs	2	278	280	666	219	222
83	Inner Ear	116	104	220	2,255	1,844	2,061
84	Hyperbaric Chamber	1,354	1,275	2,629	264	304	283
85	Discrete Diagnostic Investigation Of Vascular System	5,371	5,371	742	742	742	742
86	Discrete Nuclear Imaging	31,956	31,956	339	339	339	339
87	Discrete CAT Scan	44,453	44,453	531	531	531	531
88	Discrete MRI	236	236	178	178	178	178
89	Discrete Radiotherapy	81	87	168	2,455	1,316	1,865
99	Ungroupables - Based on Interventions	131	126	257	277	282	279
201	Diag Inv General Cardiac 0 < 12 years	139	101	240	298	263	283
203	Diag Inv General Cardiac 12 < 18 years	7,103	6,153	13,256	396	397	397
205	Diag Inv General Cardiac 18+ years	513	260	773	111	117	113
206	Management General Cardiac 0 < 1.5 years	99	741	1,740	118	117	117
207	Management General Cardiac 1.5 < 12 years	581	471	1,052	124	115	120
208	Management General Cardiac 12 < 18 years	33,275	32,778	66,053	136	127	132
210	Management General Cardiac 18+ years	6,343	5,995	12,338	214	205	210
213	Dysrhythmia & Conductive Disorders	3,941	3,995	7,936	215	174	194
214	Congestive Heart Failure	118	85	203	256	203	233
215	Inflammatory Cardiac	77	1,774	2,549	224	257	247
216	Congenital Heart Disease	981	1,150	2,131	507	513	510
217	Diag Inv Angina	8,531	10,356	18,887	111	109	110
218	Management Angina	563	625	1,188	370	382	376
219	Diag Inv Vascular	2,291	2,500	4,791	127	117	121
220	Management Vascular	140	118	258	207	231	218
251	Diag Inv General Endocrinol 0 < 18 years	63	58	121	277	314	294
254	Diag Inv General Endocrinol 18 + years	337	265	602	124	96	112
255	Management General Endocrinol 0 < 1.5 years	320	306	626	97	95	96
256	Management General Endocrinol 1.5 < 6 years	727	614	1,341	77	65	72
257	Management General Endocrinol 6 < 18 years	4,415	4,431	8,846	72	71	72
258	Management General Endocrinol 18 + years	2,071	2,218	4,289	231	234	233
259	Management Diabetes < 18 years	16,923	16,230	33,153	136	133	135

Schedule 5 – Ambulatory Care Yearly Comparisons

ACDS Code	Description	Costed Cases			Average Cost		
		2004/2005	2003/2004	Balanced	2004/2005	2003/2004	Balanced
262	Thyotoxicosis	1,136	1,017	2,153	61	61	61
264	Management Ketoacidosis	36	75	111	556	401	451
266	Fluid & Electrolyte < 6 years	320	359	679	386	340	361
267	Fluid & Electrolyte 6 + years	1,680	1,859	3,539	315	293	303
301	Diag Inv General ENT	3,657	3,710	7,367	236	235	236
303	Management General ENT	21,379	22,272	43,651	151	128	139
305	Otitis Media	6,019	7,107	13,126	99	98	99
306	Epistaxis	1,080	816	1,896	130	131	130
351	Diag Inv General Female Genital Disorders < 45 years	422	452	874	483	605	546
352	Diag Inv General Female Genital Disorders 45 + years	75	109	184	420	315	358
353	Management General Female Genital Disorders < 18 years	498	509	1,007	152	141	146
354	Management General Female Genital Disorders 18 < 45 years	5,554	7,016	12,570	121	107	113
355	Management General Female Genital Disorders 45 + years	1,755	2,015	3,770	124	109	116
356	Management Contraceptive	2,218	2,286	4,504	78	80	79
357	Diag Inv General Male Genital Disorders < 18 years	114	95	209	430	391	413
358	Diag Inv General Male Genital Disorders 18 + years	189	172	361	364	384	374
359	Management General Male Genital Disorders < 18 years	742	695	1,437	99	107	103
360	Management General Male Genital Disorders 18 + years	1,683	1,759	3,442	100	94	97
361	Diag Inv Other Genitourological Disorders < 18 years	314	296	610	356	380	368
362	Diag Inv Other Genitourological Disorders 18 + years	2,162	2,313	4,475	382	365	373
363	Management Other Genitourological Disorders < 18 years	3,541	3,579	7,120	147	157	152
364	Management Other Genitourological Disorders 18 + years	23,730	22,182	45,912	111	109	110
400	Diag Inv General Gastrointestinal 0 < 1.5 years	419	400	819	329	299	315
401	Diag Inv General Gastrointestinal 1.5 < 6 years	625	644	1,269	294	293	294
402	Diag Inv General Gastrointestinal 6 < 18 years	1,657	1,606	3,263	344	322	333
403	Diag Inv General Gastrointestinal 18 < 45 years	3,921	3,922	7,843	417	439	428
404	Diag Inv General Gastrointestinal 45 < 65 years	2,196	2,196	4,392	410	420	415
405	Diag Inv General Gastrointestinal 65 + years	1,879	1,872	3,751	440	460	450
406	Management General Gastrointestinal 0 < 1.5 years	5,127	4,800	9,927	132	128	130
407	Management General Gastrointestinal 1.5 < 6 years	4,924	4,450	9,374	148	138	144
408	Management General Gastrointestinal 6 < 18 years	5,896	5,100	10,996	148	141	145
409	Management General Gastrointestinal 18 < 45 years	15,901	13,559	29,460	137	141	139

Schedule 5 – Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			2004/2005 2003/2004	Blended	2004/2005 2003/2004	Average Cost	Blended
		2004/2005	2003/2004	Blended					
410	Management General Gastrointestinal 45 < 65 years	7,153	7,159	14,312	130	111	121	121	121
411	Management General Gastrointestinal 65 + years	3,460	3,678	7,138	147	126	136	136	136
412	Constipation with Disimpaction	31	33	64	394	420	408	408	408
413	GI Bleed/Perforation/Obstruction	1,512	1,326	2,838	224	240	231	231	231
451	Diag Inv Hematological	419	426	845	386	372	379	379	379
452	Management Hematological 0 < 6 years	832	1,043	1,875	206	195	200	200	200
453	Management Hematological 6 < 12 years	954	818	1,772	188	205	196	196	196
454	Management Hematological 12 < 18 years	993	1,014	2,007	218	248	233	233	233
455	Management Hematological 18 < 65 years	5,076	5,131	10,207	186	189	187	187	187
456	Management Hematological 65 + years	2,402	2,196	4,598	163	165	164	164	164
501	Diag Inv Hepatobiliary	898	855	1,753	529	526	528	528	528
502	Management Hepatobiliary	5,814	5,684	11,498	88	93	90	90	90
551	Diag Inv Inflam Musculoskeletal 0 < 6 years	14	19	33	337	334	335	335	335
553	Diag Inv Inflam Musculoskeletal 6 < 12 years	47	38	85	259	271	264	264	264
554	Diag Inv Inflam Musculoskeletal 12 < 18 years	61	49	110	230	278	251	251	251
555	Diag Inv Inflam Musculoskeletal 18 + years	1,734	1,714	3,448	232	279	256	256	256
556	Diag Inv Other Musculoskeletal < 18 years	7,457	7,586	15,043	130	165	148	148	148
557	Diag Inv Other Musculoskeletal 18 + years	30,744	31,129	61,873	148	183	166	166	166
558	Management Inflam Musculoskeletal 0 < 6 years	139	135	274	146	119	132	132	132
560	Management Inflam Musculoskeletal 6 < 12 years	192	186	378	120	106	113	113	113
561	Management Inflam Musculoskeletal 12 < 18 years	291	241	532	104	100	102	102	102
562	Management Inflam Musculoskeletal 18 + years	11,486	11,124	22,610	78	77	78	78	78
563	Management Other Musculoskeletal < 18 years	5,026	5,453	10,479	75	72	73	73	73
564	Management Other Musculoskeletal 18 + years	39,499	39,112	78,611	62	64	63	63	63
565	Diag Inv Congenital Musculoskeletal Deformities	42	43	85	332	340	336	336	336
566	Management Congenital Musculoskeletal Deformities	273	312	585	214	213	213	213	213
567	Diag Inv Other Inflam Musculoskeletal	765	731	1,496	212	239	225	225	225
568	Management Other Inflam Musculoskeletal	2,077	2,309	4,386	102	95	98	98	98
569	Infectious Musculoskeletal	1,233	1,470	2,703	162	139	149	149	149
601	Diag Inv General Neurology 0 < 6 years	532	549	1,081	293	290	291	291	291
602	Management General Neurology 6 < 12 years	1,115	1,047	2,162	133	155	144	144	144
603	Management General Neurology 12 + years	1,138	1,150	2,288	156	195	175	175	175

Schedule 5 -- Ambulatory Care Yearly Comparisons

ACOS Code	Description	Costed Cases		Blended	Average Cost		
		2004/2005	2003/2004		2004/2005	2005/2004	Blended
604	Management General Neurology 12 < 18 years	751	596	1,347	134	141	137
605	Management General Neurology 18 < 65 years	4,754	4,623	9,377	124	132	128
606	Management General Neurology 65 + years	2,176	1,942	4,118	185	191	188
607	Migraine Headache	4,159	4,355	8,514	119	111	115
608	Diag Inv Headache	165	155	320	308	258	284
609	Management Headache	4,359	3,721	8,080	103	101	102
610	Diag Inv Meningitis	7	9	16	522	316	406
611	Management Meningitis	131	174	305	162	129	143
612	Diag Inv Cerebrovascular	509	463	972	419	413	416
613	Management Cerebrovascular	7,227	4,154	11,381	179	161	172
614	Diag Inv Convulsions	214	263	477	369	360	364
615	Management Convulsions	5,911	6,268	12,179	150	137	143
616	Diag Inv Vertigo	272	232	504	390	391	390
617	Management Vertigo	2,982	2,157	5,139	169	180	173
651	Antepartum Routine	1,270	901	2,171	115	152	130
652	Postpartum Routine	374	619	993	138	202	178
653	Diag Inv Neonatal & Congenital	93	87	180	291	335	312
654	Management Neonatal & Congenital	962	895	1,857	154	166	159
656	Delivery with Postpartum Complications	11	17	28	206	116	151
657	Delivery without Postpartum Complications	2	4	6	78	229	178
658	Postpartum Conditions Outcomes Uncomplicated	2,174	2,268	4,442	123	121	122
659	Diag Inv Pregnancy with Abortive	273	252	525	532	690	608
660	Management Pregnancy with Abortive Outcomes Uncomplicated	602	572	1,174	209	223	216
662	Diag Inv Antepartum	3,894	3,806	7,700	388	380	384
663	Management Antepartum	18,659	16,514	35,173	143	155	149
664	Diag Inv Pregnancy with Abortive Outcomes Complicated	35	50	85	453	684	589
665	Management Pregnancy with Abortive Outcomes Complicated	121	118	239	256	251	253
701	Diag Inv Oncological	427	389	816	333	357	344
702	Management Oncological	3,722	3,311	7,033	186	144	166
703	Radiotherapy (includes diagnosis code V58.0)		2				93
704	IV Therapy -- Non Cancer Related	45,984	41,094	87,078	137	122	130
751	Diag Inv Ophthalmology 0 < 12 years	99	103	202	185	181	183

Schedule 5 – Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
752	Diag Inv Ophthalmology 12 < 18 years	105	102	207	171	179	175
753	Diag Inv Ophthalmology 18 < 45 years	1,022	926	1,848	197	175	187
754	Diag Inv Ophthalmology 45 + years	6,822	5,648	12,470	209	177	195
755	Management Ophthalmology 0 < 12 years	4,253	4,395	8,648	91	87	89
756	Management Ophthalmology 12 < 18 years	1,323	1,463	2,726	87	82	85
757	Management Ophthalmology 18 < 45 years	7,532	6,944	14,476	90	88	89
758	Management Ophthalmology 45 + years	27,668	24,519	52,187	111	102	107
801	Diag Inv Psychiatry	472	446	918	319	333	326
802	Management Psychiatry	26,615	28,130	54,745	124	132	128
803	Drug & Alcohol Related Conditions	4,294	3,799	8,093	269	255	262
851	Diag Inv General Respiratory < 18 years	3,890	4,130	8,020	268	262	265
852	Diag Inv General Respiratory 18 + years	9,234	8,939	18,173	322	323	323
853	Management General Respiratory 0 < 1.5 years	2,734	3,135	5,869	155	151	153
854	Management General Respiratory 1.5 < 6 years	4,958	5,447	10,405	159	151	155
855	Management General Respiratory 6 < 18 years	4,148	4,370	8,518	156	143	149
856	Management General Respiratory 18 < 65 years	6,314	6,355	12,669	147	147	147
857	Management General Respiratory 65 + years	2,917	3,144	6,061	217	193	204
863	Diag Inv Severe Respiratory Disease	304	345	649	398	376	386
864	Management Severe Respiratory Disease	502	676	1,178	287	288	288
901	Diag Inv Skin & Soft Tissue	4,830	4,123	8,953	223	245	233
902	Management Skin & Soft Tissue	35,033	32,783	67,816	94	92	93
906	Cellulitis	5,064	5,284	10,348	154	153	154
951	Diag Inv Systemic Infection	1,968	2,035	4,003	308	301	304
952	Management Systemic Infection < 18 years	7,069	7,128	14,197	138	128	133
953	Management Systemic Infection 18 < 45 years	1,202	1,170	2,372	129	131	130
954	Management Systemic Infection 45 + years	650	575	1,225	128	133	130
955	Diag Inv AIDS	132	126	258	294	351	322
956	Management AIDS	2,502	2,834	5,336	148	143	145
999	Ungroupable	24	197	221	122	176	170
1001	Open Fracture Fingers & Toes	73	67	140	185	227	205
1002	Closed Fracture Fingers & Toes	2,498	2,361	4,859	117	135	126
1003	Fractured Nose, Open & Closed	423	391	814	142	151	147

Schedule 5 – Ambulatory Care Yearly Comparisons

ACDS Code	Description	Costed Cases			2004/2005 Blended	2004/2005 Blended	Average Cost 2003/2004	Blended
		2004/2005	2003/2004	Blended				
1004	Open Fracture & Dislocations Other	413	387	800	200	210	205	205
1005	Closed Fracture & Dislocations Other	11,657	11,756	23,413	181	205	193	193
1007	Open Wounds without Complications	4,789	4,762	9,551	109	114	111	111
1008	Open Wound with Complications	888	884	1,772	127	141	134	134
1009	Sprains	14,008	14,589	28,597	152	165	159	159
1010	Contusions/Fingers/Toes	1,170	1,114	2,284	115	130	122	122
1011	Contusions except Fingers/Toes	9,793	10,025	19,818	152	163	158	158
1012	Open Wound Eye	304	281	585	110	99	105	105
1013	Foreign Body Eyes, Ears, Nose	781	831	1,612	88	88	88	88
1014	Foreign Body except Eyes, Ears, Nose	766	819	1,585	167	178	173	173
1015	Diag Inv Poisoning	305	286	591	469	479	474	474
1016	Management Poisoning	3,911	4,013	7,924	268	260	264	264
1017	Amputation except Fingers/Toes	1	1	1	135	135	135	135
1018	Abuse/Sexual Assault 0 < 12 years	308	348	656	383	471	430	430
1019	Abuse/Sexual Assault 12+ years	340	362	702	302	310	306	306
1020	Burn Moderate to Severe	109	164	273	112	107	109	109
1021	Minor Other Injuries	7,283	7,393	14,676	156	165	160	160
1022	Moderate Other Injuries	1,270	1,208	2,478	493	563	527	527
1024	Comas	36	27	63	313	259	290	290
1025	Shock	255	254	509	229	233	231	231
1026	Open Spinal Fracture & Dislocation	217	236	453	296	311	304	304
1027	Closed Spinal Fracture & Dislocation	1	1	1	591	591	591	591
1028	Diag Inv Head Injury	408	491	899	281	297	290	290
1029	Management Head Injury	2,880	2,670	5,550	112	124	118	118
1030	Diag Inv Thoraco-Abdominal & Major Vascular	98	105	203	365	334	349	349
1031	Management Thoraco-Abdominal & Major Vascular	1,125	1,195	2,320	138	134	136	136
1032	Burn Minor 0 < 6 years	235	311	546	136	126	130	130
1033	Burn Minor 6 + years	1,103	1,102	2,205	94	94	94	94
1034	Diag Inv Major Other Injuries	22	24	46	276	348	313	313
1035	Management Major Other Injuries	164	164	328	211	388	299	299
1051	Assessment Referral	1,368	1,184	2,552	90	77	84	84
1052	Assessment Intake	9,014	7,904	16,918	250	266	258	258

Schedule 5 – Ambulatory Care Yearly Comparisons

Accts Code	Description	Costed Cases			Average Cost		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
1053	Assessment Collateral	77	85	162	179	202	191
1054	Legal Assessment Half Day						
1055	Legal Assessment Full Day						
1056	Assessment Specialized	3,523	3,674	7,197	226	223	224
1057	Individual Therapy	34,333	23,858	58,191	95	111	102
1058	Crisis/Intervention Calls Telephone Crisis Calls						
1059	Crisis/Intervention Calls Mobile Crisis Intervention Call						
1060	Couple Therapy	148	280	428	202	148	166
1061	Family Therapy	945	770	1,715	227	241	233
1062	Group Therapy	92,288	76,342	168,630	27	31	29
1063	ECT	1,236	187	1,423	321	240	310
1064	Medication Administration	7,770	6,916	14,686	168	175	172
1065	Patient Specific Consultations/Case Supervision	15,807	12,934	28,741	95	93	94
1066	Patient Specific Hearings						
1067	Patient Specific Professional Reports and Applications						
1068	Patient Specific Critical Incident Documentation						
1069	Diagnostic Testing/Scoring Testing Type 1	312	88	400	189	192	190
1070	Diagnostic Testing/Scoring Testing Type 2	121	189	310	623	517	558
1071	Diagnostic Testing/Scoring Testing Type 3	64	61	125	1,331	1,316	1,324
1072	Therapeutic Milieu Programs Half Day	804	982	1,786	73	80	77
1073	Therapeutic Milieu Programs Full Day			5			675
1074	Mental Health Education 0-120 min	9,230	9,007	18,237	87	98	92
1075	Mental Health Education 121-240 min	19	19	528			528
1076	Mental Health Education 241-360 min						
1077	Mental Health Education 361-480 min						
1101	OT Group 1	14,508	16,879	31,387	19	19	19
1102	OT Group 2	13,884	14,443	28,327	47	46	47
1103	OT Group 3	4,273	4,459	8,732	68	66	67
1104	OT Group 4	16,511	17,718	34,229	163	158	161
1105	OT Group 5	1,200	1,541	2,741	197	180	187
1106	OT Group 6	647	740	1,387	350	336	343
1111	Physical Therapy Group 1	25,561	26,008	51,569	32	34	33

Schedule 5 – Ambulatory Care Yearly Comparisons

ACIS Code	Description	Costed Cases			Average Cost		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
1112	Physical Therapy Group 2	27,239	30,767	58,006	51	50	50
1113	Physical Therapy Group 3	6,126	6,727	12,853	64	60	62
1114	Physical Therapy Group 4	19,650	19,727	39,377	118	114	116
1115	Physical Therapy Group 5	1,193	1,031	2,224	169	178	173
1116	Physical Therapy Group 6	494	424	918	305	315	310
1121	Recreational Therapy Group 1	6,156	5,577	11,733	20	22	21
1122	Recreational Therapy Group 2	3,554	4,368	7,922	42	48	45
1123	Recreational Therapy Group 3	269	325	594	60	69	65
1124	Recreational Therapy Group 4	1,227	1,566	2,793	113	108	110
1125	Recreational Therapy Group 5	71	82	153	174	189	182
1126	Recreational Therapy Group 6	31	24	55	257	286	270
1131	Speech-Language Pathology Group 1	3,046	4,203	7,249	40	28	33
1132	Speech-Language Pathology Group 2	5,713	5,962	11,675	61	60	60
1133	Speech-Language Pathology Group 3	349	136	485	99	88	96
1134	Speech-Language Pathology Group 4	11,649	11,373	23,022	249	240	244
1135	Speech-Language Pathology Group 5	444	361	805	260	331	292
1136	Speech-Language Pathology Group 6	340	373	713	494	504	499
1141	Audiology Group 1	138	826	964	52	164	148
1142	Audiology Group 2	1,999	1,642	3,641	81	76	79
1143	Audiology Group 3	5,756	4,083	9,839	283	336	305
1144	Audiology Group 4	273	216	489	649	672	659
1145	Audiology Group 5 - Cochlear Implant						
1151	Respiratory Therapy Group 1	6,115	7,375	13,490	47	45	46
1152	Respiratory Therapy Group 2	10,084	9,917	20,001	80	91	85
1153	Respiratory Therapy Group 3	5,133	5,687	10,820	66	76	71
1154	Respiratory Therapy Group 4	7,271	8,541	15,812	136	163	151
1155	Respiratory Therapy Group 5	2,957	2,986	5,943	166	180	173
1156	Respiratory Therapy Group 6	2,492	2,807	5,299	337	336	337
1201	Clinical Nutrition Group 1	20,125	17,061	37,186	30	27	29
1202	Clinical Nutrition Group 2	13,248	11,014	24,262	63	61	62
1203	Clinical Nutrition Group 3	2,925	2,599	5,524	105	75	91
1204	Clinical Nutrition Group 4	11,812	10,294	22,106	166	174	170

Schedule 5 – Ambulatory Care Yearly Comparisons

AGCS Code	Description	Costed Cases			Average Cost		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
1205	Clinical Nutrition Group 5	1,314	990	2,304	205	194	200
1206	Clinical Nutrition Group 6	426	327	753	317	315	316
1221	Social Work Group 1	10,933	13,151	24,084	53	50	51
1222	Social Work Group 2	7,925	8,772	16,697	115	111	113
1223	Social Work Group 3	1,356	1,389	2,745	197	197	197
1224	Social Work Group 4	1,087	1,169	2,256	310	338	325
1225	Social Work Group 5	116	121	237	381	425	403
1226	Social Work Group 6	17	27	44	603	677	648
1241	Psychology Group 1	4,328	7,390	11,718	60	49	53
1242	Psychology Group 2	3,813	2,971	6,784	165	149	158
1243	Psychology Group 3	836	681	1,517	273	240	258
1244	Psychology Group 4	2,455	2,710	5,165	575	497	534
1245	Psychology Group 5	303	293	596	792	666	730
1246	Psychology Group 6	129	126	255	1,761	1,589	1,676
1247	Psychology Group 7	88	88	88	516	516	516
1248	Psychology Group 8	72	72	72	603	603	603
1249	Psychology Group 9	45	45	45	734	734	734
2001	Critical Care Unit or O.R. with Secondary Diagnosis	1,500	1,523	3,023	485	502	493
2002	Critical Care Unit or O.R. without Secondary Diagnosis	2,204	1,781	3,985	539	629	579
2003	Other Unit with Secondary Diagnosis	17,125	17,191	34,316	440	442	441
2004	Other Unit without Secondary Diagnosis	16,941	16,817	33,758	372	369	371
2021	DOA	22	8	30	112	19	88
2022	Died During Visit	199	167	366	349	268	312
2023	Death - Organ Donor	1	1	1	30	30	30
2041	Patient Transferred with Secondary Diagnosis	2,937	2,643	5,580	536	540	538
2042	Patient Transferred without Secondary Diagnosis	2,328	1,976	4,304	466	485	474
2050	Diag Inv General Symptoms/Exam	10,746	9,817	20,563	261	272	266
2051	Management General Symptoms/Exam < 18 years	7,750	9,702	17,452	187	206	198
2052	Management General Symptoms/Exam 18 < 45 years	8,762	14,267	23,029	118	130	126
2053	Management General Symptoms/Exam 45 < 65 years	9,222	9,054	18,276	121	128	124
2054	Management General Symptoms/Exam 65+ years	9,136	8,977	18,113	162	174	168
2059	Prophylactic Vaccination	2,857	3,045	5,902	135	125	130

Schedule 5 – Ambulatory Care Yearly Comparisons

ACDS Code:	Description	Costed Cases			Average Cost 2003/2004	Blended
		2004/2005	2003/2004	Blended		
2060	Therapeutic Medical Counseling	5,951	6,911	12,862	156	143
2062	Preoperative Exam	40,861	32,808	73,669	229	212
2064	Therapy - No Intervention Code	11,843	9,926	21,769	134	126
2066	Contact/Carrier of Communicable Disease	258	228	486	147	93
2067	Health Hazard Related to Personal/Family History	1,058	1,090	2,148	2,506	1,640
2068	Routine Health Supervision	10,861	10,672	21,533	82	95
2069	Post surgical Status	8,643	9,242	17,885	155	117
2070	Follow-up/Convalescence	18,946	18,269	37,215	92	83
2071	Screening Exam	4,024	4,155	8,179	192	187
2072	Screening Exam - Genetics					
2073	Genetic Counselling	1,771	1,922	3,693	1,093	1,063
2081	Non Registered Service Recipients					1,077
2082	Mode of Service - Telephone	186,234	172,532	358,766	53	49
2089	Patient Left Without Being Seen	70	1,232	1,932	125	144
					51	51
					137	137

Schedule 6 – Ambulatory Care Statistical Background

ACDS Code	Description	SWRV	Activity	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation
				Costed Cases	Costed Cases				
1.1	Nerve & Other, Local Anaesthetic	1,1746	1,541	766	1,295	236	0.50	117	
1.2	Nerve & Other, General Anaesthetic	7,6577	1,203	746	1,547	1,596	0.43	690	
1.3	Nerve & Other, Other Anaesthetic	4,4327	1,559	244	419	859	0.48	408	
1.4	Nerve & Other, No Anaesthetic	0,5604	1,126	949	1,842	115	0.55	64	
2	Spinal	2,8280	4,460	1,819	3,737	615	0.80	491	
3	Nerve Injection	0,4342	1,550	1,077	1,990	94	1.14	107	
4	Orbital & Other Eye	6,0293	3,402	1,324	2,831	1,238	0.67	823	
5	Lens Interventions	2,8577	24,305	7,125	13,809	609	0.55	336	
6	Iris & Other Eye	0,4805	879	765	1,206	96	1.52	146	
7	Strabismus	5,9867	1,085	851	1,724	1,396	0.29	403	
8	External Eye	1,8467	17,596	5,757	11,583	380	1.76	668	
9	Bronch/Pharynx	5,5473	83	53	94	1,233	0.66	818	
10	Tympanoplasty	6,1913	957	668	1,210	1,405	0.41	573	
11	Sinus Interventions	7,3417	1,442	793	1,558	1,528	0.37	561	
12	Other Sinus	4,8366	551	69	158	1,065	0.60	636	
13	Tonsils & Adenoids 12+ years	4,3377	1,914	931	1,729	946	0.50	477	
13.1	Tonsils & Adenoids 0 < 6 years	4,4976	759	522	1,007	1,097	0.35	379	
13.2	Tonsils & Adenoids 6 < 12 years	4,6874	1,206	791	1,599	1,136	0.33	378	
14	Nasal Interventions	3,1462	7,764	2,763	5,401	654	0.98	642	
15	Other Respiratory	4,7001	588	394	422	995	0.78	774	
16	External Ear 18 + years	1,4649	2,841	297	605	300	1.24	372	
16.1	External Ear 0 < 1.5 years	2,8755	341	208	463	707	0.50	357	
16.2	External Ear 1.5 < 6 years	2,6668	1,658	958	1,913	656	0.33	219	
16.3	External Ear 6 < 12 years	2,5888	876	413	800	625	0.45	279	
16.4	External Ear 12 < 18 years	2,3221	264	83	161	541	0.69	375	
17	Respiratory Endoscopy - ENT	2,2571	5,084	2,832	5,743	486	0.89	435	
18	Pacemaker Implant	72,3251	955	329	374	15,709	0.73	11,423	
19	Cardiac Catheter 18 + years	6,0115	9,501	3,280	6,435	1,296	0.55	719	
19.1	Cardiac Catheter 0 < 6 years	17,0974	59	54	108	3,825	0.49	1,888	
19.2	Cardiac Catheter 6 < 18 years	19,0580	160	134	219	4,258	0.54	2,291	
20	Angiography 18 + years	9,6160	3,943	2,497	4,794	2,048	0.77	1,577	

Schedule 6 – Ambulatory Care Statistical Background

Activity Code	Description	SWIN	2004/2005		2005/2006		Cost	Average Case	Coefficient of Variation	Standard Deviation
			Costed Cases	Blended Cases	Costed Cases	Blended Cases				
20.1	Angiography 0 < 6 years	5.3895	7	6	9	1,182	0.47	559		
20.2	Angiography 6 < 12 years	7.6104	5	3	13	1,673	0.33	546		
20.3	Angiography 12 < 18 years	9.7067	37	28	52	2,129	0.67	1,419		
21	Vascular Interventions 18 + years	6.3317	3,568	1,542	2,572	1,380	0.63	876		
21.1	Vascular Interventions 0 < 18 years	4.9999	157	129	229	1,152	0.56	642		
22	Other Vascular Interventions	5.8029	1,308	750	1,430	1,125	0.63	713		
23.1	Lymphatic Interventions, Local Anaesthetic	2.2708	115	34	47	510	0.64	327		
23.2	Lymphatic Interventions, General Anaesthetic	9.8285	651	492	890	2,145	0.46	990		
23.3	Lymphatic Interventions, Other Anaesthetic	4.0214	155	127	183	891	0.57	512		
23.4	Lymphatic Interventions, No Anaesthetic	1.2609	200	123	225	263	0.81	214		
24	Minor Vascular	1.0312	7,801	3,159	5,508	217	1.04	225		
25	Cholecystectomy	8.4838	3,104	1,685	3,243	1,695	0.34	576		
26	Hernia	7.0928	6,959	3,210	6,368	1,472	0.37	540		
27	ERCP	5.5665	2,309	1,021	2,005	1,189	0.56	670		
28.1	Endoscopy GI - Low	2.6889	1,799	1,141	2,108	575	0.70	400		
28.2	Endoscopy GI - Medium	2.1498	57,994	29,087	52,657	453	0.56	252		
28.3	Endoscopy GI - High	2.4577	7,290	3,577	6,497	519	0.47	246		
29.1	Ano-Rctal Interventions, Local Anaesthetic	1.1259	262	62	98	236	0.65	154		
29.2	Ano-Rctal Interventions, General Anaesthetic	5.3804	1,032	510	991	1,093	0.34	370		
29.3	Ano-Rctal Interventions, Other Anaesthetic	2.8498	2,373	1,155	2,053	599	0.50	302		
29.4	Ano-Rctal Interventions, No Anaesthetic	0.8346	502	219	425	168	0.68	114		
30.1	Minor Anal Interventions, Local Anaesthetic	0.7349	423	134	259	152	0.75	114		
30.2	Minor Anal Interventions, General Anaesthetic	5.8227	392	226	415	1,337	0.48	646		
30.3	Minor Anal Interventions, Other Anaesthetic	2.9866	3,103	2,036	3,374	613	0.48	294		
30.4	Minor Anal Interventions, No Anaesthetic	1.5821	3,313	1,128	2,291	303	0.81	246		
31	Mechanical Implants	10.7315	170	167	208	2,388	1.24	2,960		
32	Lithotripsy	3.5551	2,500	2,490	4,977	734	0.26	189		
33	Upper Urinary Interventions	6.3420	1,841	937	1,812	1,344	0.61	822		
34.1	Lower Uri & Genital	6.1192	1,794	1,157	2,230	1,330	0.45	596		
34.2	Reconstruction, Vas Deferens	11.9421	71	31	65	2,500	0.41	1,026		
35.1	Bladder & Urethral Interventions, Local Anaesthetic	1.1975	18,153	14,898	28,836	238	0.61	145		

Schedule 6 – Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	Activity	Costed		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation
				Cases	Cost				
2004/2005									
35.2	Bladder & Urethral Interventions, General Anaesthetic	4,8527	1,494	997	1,965	1,028	0.41	419	
35.3	Bladder & Urethral Interventions, Other Anaesthetic	3,0443	993	781	1,621	624	0.60	375	
35.4	Bladder & Urethral Interventions, No Anaesthetic	1,4386	3,280	193	341	286	0.82	234	
36.1	Vasectomy	1,6301	2,816	1,224	2,437	323	0.73	236	
36.2	Other Male Genital Interventions	5,9074	769	537	975	1,263	0.41	517	
37	Circumcision 18 + years	4,9749	399	265	499	1,008	0.40	404	
37.1	Circumcision 0 < 1.5 years	0,9993	2,181	855	1,914	202	0.89	180	
37.2	Circumcision 1.5 < 6 years	4,1446	294	139	305	1,020	0.29	297	
37.3	Circumcision 6 < 12 years	4,4253	209	127	257	1,041	0.30	308	
37.4	Circumcision 12 < 18 years	4,8492	97	67	119	1,095	0.38	415	
38	Uro Diagnostic Interventions	1,3256	6,229	3,250	6,567	307	0.46	143	
39	Uterus & Adnexal Intervention	6,3596	5,535	2,372	4,899	1,295	0.42	545	
40	Endo & Gyn Interventions	4,3757	7,579	2,733	5,579	877	0.34	301	
41	Minor Gyn Interventions	1,2655	20,180	5,362	10,831	264	0.85	224	
42	Evacuations	2,7539	13,879	2,643	5,430	572	0.44	250	
43	Maxillo-Facial	6,4281	561	170	316	1,358	0.66	902	
44	Chest Wall Interventions	5,6675	337	171	316	1,223	0.86	1,054	
45.1	Upper Extremity Interventions	4,0685	1,180	519	992	847	0.87	737	
45.2	Shoulder Interventions	10,0649	1,334	353	731	1,921	0.31	598	
46	Open Reductions	7,3002	1,007	566	948	1,584	0.68	1,081	
47	Tendon & Muscle Interventions	3,5722	4,008	1,574	2,925	760	0.98	745	
48	Closed Reductions	1,7432	10,717	4,155	8,220	375	0.74	276	
49	Lower Extremity	6,8588	153	59	148	1,446	0.54	786	
50	Knee Interventions	6,2148	8,027	3,517	6,930	1,218	0.45	547	
51	Ankle & Foot	6,6966	2,457	867	1,692	1,376	0.56	776	
52.1	Remove Int Fixation, Lower Extremity	4,4062	2,570	874	1,625	924	0.70	645	
52.2	Other Removal, Int Fixation	2,1770	1,696	819	1,543	467	1.14	531	
53	Soft Tissue Interventions	2,4769	3,335	1,388	2,445	518	1.11	576	
54	Manipulations	2,8598	221	79	161	614	0.56	343	
55	Mastectomy	3,2610	3,042	847	1,593	674	1.04	701	
56.1	Augment/ Reduc Breast Bilateral	11,3425	1,301	712	1,376	2,469	0.29	717	

Schedule 6 – Ambulatory Care Statistical Background

Accs Code	Description	SWRN	Activity	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation
				Costed	Cases				
56.2	Augment/Reduce Breast Unilateral	8.9946	449	240	420	1,944	0.44	854	
57	Breast Plastic Interventions	4.7558	1,198	505	861	989	0.92	908	
58.1	Ear & Cleft Lip Reconstruction	8.6035	30	26	51	1,867	0.43	809	
58.2	Face Rhinoplasty	9.8188	110	65	75	2,419	0.48	1,159	
58.3	Other Plastic Reconstruction	5.1509	3,614	1,161	2,021	1,161	0.73	846	
59.1	Skin Interventions, Local Anaesthetic	0.6883	55,828	12,148	23,444	142	0.92	131	
59.2	Skin Interventions, General Anaesthetic	5.9629	2,947	1,003	1,922	1,300	0.48	628	
59.3	Skin Interventions, Other Anaesthetic	0.9587	5,009	2,097	3,974	209	0.95	199	
59.4	Skin Interventions, No Anaesthetic	0.8187	42,707	5,842	11,983	168	0.66	111	
60	Dental Surgery	5.1489	8,537	1,565	3,063	1,265	0.64	814	
61.1	Biopsy, Other	3.7947	1,646	769	1,491	824	0.70	580	
61.2	Biopsy, Percutaneous	3.7693	8,077	4,011	8,060	797	0.77	614	
62	Hemodialysis	1.4055	192,214	98,758	193,647	305	0.24	72	
62.1	Home Hemodialysis/Teaching	5.2493	489		5	1,149	0.34	394	
62.2	Selfcare Hemodialysis								
63	Transfusions	2.7340	9,228	4,292	8,393	572	0.64	367	
64	Cardioversion	2.3627	1,519	676	1,272	494	0.94	466	
65	Chemotherapy/Oncology	1.8840	1,997	216	532	406	1.16	471	
66	Myelogram	3.0418	269	43	77	667	0.37	248	
68	Thyroid Interventions	8.2216	35	23	43	1,760	0.33	580	
69	Parotid Duct Interventions	7.4319	59	22	45	1,622	0.86	1,400	
70	Appendectomy	8.8825	78	18	31	1,829	0.46	840	
71	Gastro-Intestinal Related Interventions	1.8631	2,254	1,124	2,469	376	0.77	289	
72	Peritoneal Dialysis	2.0875	1,084	552	1,033	454	0.69	312	
72.1	Home Peritoneal Dialysis/Teaching	0.7714	3,082	2,945	6,423	167	1.08	181	
73	Hos Visit Including Diagnostic Investigation of Vascular Sys								
74	Hospital Visit Including Nuclear Imaging	4.4122	10,487	2,984	11,334	928	0.45	414	
75	Hospital Visit Including CAT Scan	2.6604	53,046	24,046	73,480	557	0.74	410	
76	Hospital Visit Including MRI	2.9864	4,928	855	35,171	592	0.52	308	
77	Hospital Visit Radiotherapy	1.7541	200	181	533	383	0.93	357	
78	Chest X-ray	0.3825	75,552	8,373	17,322	74	0.48	35	

Schedule 6 – Ambulatory Care Statistical Background

Ac/S Code	Description	2004/2005		2005/2006		Average Cost	Coefficient of Variation	Standard Deviation
		SWRU	Activity	Casted Cases	Blended Costed Cases			
79	Other X-ray	0.7524	181,647	22,255	45,875	147	0.81	119
80	Mammogram	0.6477	6,481	5	142	0.18	26	
81	Ultrasound	1.6805	70,365	13,839	27,985	339	0.67	228
82.1	Extensive Sleep Studies	5.0842	2,678	1,442	2,706	1,106	0.21	229
82.2	Other Sleep Labs	1.0647	12	2	280	222	0.72	160
83	Inner Ear	9.2960	133	116	220	2,061	0.47	969
84	Hyperbaric Chamber	1.3076	2,007	1,354	2,629	283	0.39	112
85	Discrete Diagnostic Investigation Of Vascular System	1.0000	1					
86	Discrete Nuclear Imaging	3.4138	17,511	5,371	5,371	742	0.51	375
87	Discrete CAT Scan	1.6219	83,419	31,956	31,956	339	0.55	188
88	Discrete MRI	2.5959	62,746	44,453	44,453	531	0.50	263
89	Discrete Radiotherapy	0.8170	556	236	236	178	0.06	10
99	Ungroupables - Based on Interventions	8,4044	151	81	168	1,865	1.00	1,862
201	Diag Inv General Cardiac 0 < 12 years	1.2475	318	131	257	279	0.69	192
203	Diag Inv General Cardiac 12 < 18 years	1.2829	328	139	240	283	0.67	190
205	Diag Inv General Cardiac 18+ years	1.9269	17,100	7,103	13,256	397	0.53	210
206	Management General Cardiac 0 < 1.5 years	0.5125	2,648	513	773	113	0.81	91
207	Management General Cardiac 1.5 < 12 years	0.5356	5,333	999	1,740	117	0.69	81
208	Management General Cardiac 12 < 18 years	0.5554	3,943	581	1,052	120	0.62	74
210	Management General Cardiac 18+ years	0.6261	142,957	33,275	66,053	132	1.03	136
213	Dysrhythmia & Conductive Disorders	1.0328	24,735	6,343	12,338	210	0.92	193
214	Congestive Heart Failure	0.9172	6,856	3,941	7,936	194	0.88	172
215	Inflammatory Cardiac	1.1188	226	118	203	233	1.01	236
216	Congenital Heart Disease	1.1477	2,606	775	2,549	247	0.93	230
217	Diag Inv Angina	2.4845	2,019	981	2,131	510	0.62	319
218	Management Angina	0.4490	15,978	8,531	18,887	110	1.09	120
219	Diag Inv Vascular	1.8280	2,097	563	1,188	376	0.54	202
220	Management Vascular	0.5993	10,742	2,291	4,791	121	1.22	148
251	Diag Inv General Endocrinol 0 < 18 years	0.9823	177	140	258	218	0.94	204
254	Diag Inv General Endocrinol 18 + years	1.4305	176	63	121	294	0.70	205
255	Management General Endocrinol 0 < 1.5 years	0.5054	672	337	602	112	1.17	130

Schedule 6 – Ambulatory Care Statistical Background

ACCS Code	Description	2004 / 2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation
		SWIN Activity	Costed Cases				
256	Management General Endocrinol 1.5 < 6 years	0.4341	721	320	626	96	1.42
257	Management General Endocrinol 6 < 18 years	0.3278	1,528	727	1,341	72	1.45
258	Management General Endocrinol 18 + years	0.3508	12,163	4,415	8,846	72	1.07
259	Management Diabetes < 18 years	1.0690	6,646	2,071	4,289	233	0.57
260	Management Diabetes 18 + years	0.6496	34,595	16,923	33,153	135	0.89
262	Thyrotoxicosis	0.2877	1,553	1,136	2,153	61	1.08
264	Management Ketacidosis	2.2139	119	36	111	451	0.57
266	Fluid & Electrolyte < 6 years	1.5436	549	320	679	361	0.51
267	Fluid & Electrolyte 6 + years	1.4809	4,952	1,680	3,539	303	0.74
301	Diag Inv General ENT	1.1398	10,324	3,657	7,367	236	0.50
303	Management General ENT	0.6528	184,054	21,379	43,651	139	3.17
305	Otitis Media	0.4498	38,157	6,019	13,126	99	0.78
306	Epistaxis	0.6213	4,279	1,080	1,896	130	0.81
351	Diag Inv General Female Genital Disorders < 45 years	2.6858	1,189	422	874	546	0.62
352	Diag Inv General Female Genital Disorders 45 + years	1.7817	166	75	184	358	0.94
353	Management General Female Genital Disorders < 18 years	0.6978	2,139	498	1,007	146	0.96
354	Management General Female Genital Disorders 18 < 45 years	0.5610	17,313	5,554	12,570	113	1.26
355	Management General Female Genital Disorders 45 + years	0.5937	6,710	1,755	3,770	116	0.88
356	Management Contraceptive	0.3836	9,520	2,218	4,504	79	0.83
357	Diag Inv General Male Genital Disorders < 18 years	1.8097	158	114	209	413	0.43
358	Diag Inv General Male Genital Disorders 18 + years	1.8765	490	189	361	374	0.50
359	Management General Male Genital Disorders < 18 years	0.4514	2,446	742	1,437	103	1.03
360	Management General Male Genital Disorders 18 + years	0.4877	6,168	1,683	3,442	97	1.34
361	Diag Inv Other Genitourological Disorders < 18 years	1.6388	787	314	610	368	0.73
362	Diag Inv Other Genitourological Disorders 18 + years	1.8828	6,501	2,162	4,475	373	0.53
363	Management Other Genitourological Disorders < 18 years	0.6668	13,240	3,541	7,120	152	1.08
364	Management Other Genitourological Disorders 18 + years	0.5345	77,955	23,730	45,912	110	1.16
400	Diag Inv General Gastrointestinal 0 < 1.5 years	1.3635	671	419	819	315	0.51
401	Diag Inv General Gastrointestinal 1.5 < 6 years	1.2887	1,267	625	1,269	294	0.55
402	Diag Inv General Gastrointestinal 6 < 18 years	1.5132	3,557	1,657	3,263	333	0.58
403	Diag Inv General Gastrointestinal 18 < 45 years	2.1511	11,144	3,921	7,843	428	0.51
							220

Schedule 6 – Ambulatory Care Statistical Background

ACAS Code	Description	2004/2005		2004/2005		Blended		Average Cost	Coefficient of Variation	Standard Deviation
		SWRY	Activity	Costed	Cases	Costed Cases				
404	Diag Inv General Gastrointestinal 45 < 65 years	2,0869	6,081	2,196		4,392	415	0.46	192	
405	Diag Inv General Gastrointestinal 65 + years	2,2393	5,184	1,879		3,751	450	0.44	197	
406	Management General Gastrointestinal 0 < 1.5 years	0,5623	12,556	5,127		9,927	130	0.77	100	
407	Management General Gastrointestinal 1.5 < 6 years	0,6117	14,137	4,924		9,374	144	0.82	118	
408	Management General Gastrointestinal 6 < 18 years	0,6362	22,963	5,896		10,996	145	0.89	129	
409	Management General Gastrointestinal 18 < 45 years	0,6946	76,113	15,901		29,460	139	0.98	136	
410	Management General Gastrointestinal 45 < 65 years	0,5957	34,145	7,153		14,312	121	1.09	132	
411	Management General Gastrointestinal 65 + years	0,6728	19,045	3,460		7,138	136	0.94	128	
412	Constipation with Disimpaction	1,8895	94	31		64	408	0.80	328	
413	GI Bleed/Perforation/Obstruction	1,1252	9,950	1,512		2,838	231	0.95	220	
451	Diag Inv Hematological	1,7767	4,001	419		845	379	0.61	230	
452	Management Hematological 0 < 6 years	0,8998	3,345	832		1,875	200	0.95	190	
453	Management Hematological 6 < 12 years	0,8897	2,592	954		1,772	196	0.83	162	
454	Management Hematological 12 < 18 years	1,0754	2,462	993		2,007	233	0.91	213	
455	Management Hematological 18 < 65 years	0,8770	13,360	5,076		10,207	187	1.09	204	
456	Management Hematological 65 + years	0,7585	7,120	2,402		4,598	164	1.08	177	
501	Diag Inv Hepatobiliary	2,6285	2,008	898		1,753	528	0.47	249	
502	Management Hepatobiliary	0,4383	16,940	5,814		11,498	90	1.38	124	
551	Diag Inv Inflam Musculoskeletal 0 < 6 years	1,4267	50	14		33	335	0.74	247	
553	Diag Inv Inflam Musculoskeletal 6 < 12 years	1,0949	111	47		85	264	1.09	288	
554	Diag Inv Inflam Musculoskeletal 12 < 18 years	1,1052	216	61		110	251	0.60	151	
555	Diag Inv Inflam Musculoskeletal 18 + years	1,2555	6,656	1,734		3,448	256	0.61	157	
556	Diag Inv Other Musculoskeletal < 18 years	0,6910	23,037	7,457		15,043	148	0.56	83	
557	Diag Inv Other Musculoskeletal 18 + years	0,7997	78,860	30,744		61,873	166	0.55	92	
558	Management Inflam Musculoskeletal 0 < 6 years	0,5236	556	139		274	132	0.94	125	
560	Management Inflam Musculoskeletal 6 < 12 years	0,4456	1,144	192		378	113	0.90	101	
561	Management Inflam Musculoskeletal 12 < 18 years	0,4192	1,786	291		532	102	0.89	91	
562	Management Inflam Musculoskeletal 18 + years	0,3708	37,307	11,486		22,610	78	1.18	92	
563	Management Other Musculoskeletal < 18 years	0,3288	21,314	5,026		10,479	73	1.85	136	
564	Management Other Musculoskeletal 18 + years	0,3073	124,434	39,499		78,611	63	1.26	79	
565	Diag Inv Congenital Musculoskeletal Deformities	1,4153	203	42		85	336	0.99	334	

Schedule 6 – Ambulatory Care Statistical Background

ACRS Code	Description	SWRV	Activity	2004/2005		Blended Cost	Average Cost	Coefficient of Variation	Standard Deviation
				Costed	Cases				
566	Management Congenital Musculoskeletal Deformities	0.9241	1,672	273	585	213	1.19	254	
567	Diag Inv Other Inflam Musculoskeletal	1.1126	2,882	765	1,496	225	0.68	153	
568	Management Other Inflam Musculoskeletal	0.4821	12,496	2,077	4,386	98	1.39	137	
569	Infectious Musculoskeletal	0.7104	1,824	1,233	2,703	149	1.35	201	
601	Diag Inv General Neurology	1.3591	2,332	532	1,081	291	0.63	184	
602	Management General Neurology 0 < 6 years	0.5671	3,810	1,115	2,162	144	1.21	174	
603	Management General Neurology 6 < 12 years	0.6585	4,055	1,138	2,288	175	1.40	246	
604	Management General Neurology 12 < 18 years	0.5396	3,779	751	1,347	137	1.37	188	
605	Management General Neurology 18 < 65 years	0.5944	36,346	4,754	9,377	128	1.14	147	
606	Management General Neurology 65+ years	0.7379	11,623	2,176	4,118	188	1.19	224	
607	Migraine Headache	0.5610	25,503	4,159	8,514	115	0.83	96	
608	Diag Inv Headache	1.4201	589	165	320	284	0.51	146	
609	Management Headache	0.5105	18,703	4,359	8,080	102	0.92	94	
610	Diag Inv Meningitis	1.9116	14	7	16	406	0.58	237	
611	Management Meningitis	0.6524	246	131	305	143	1.14	163	
612	Diag Inv Cerebrovascular	2.0234	1,382	509	972	416	0.45	187	
613	Management Cerebrovascular	0.7704	14,954	7,227	11,381	172	0.77	132	
614	Diag Inv Convulsions	1.7336	538	214	477	364	0.44	161	
615	Management Convulsions	0.6005	18,216	5,911	12,179	143	1.02	146	
616	Diag Inv Vertigo	1.9593	867	272	504	390	0.44	170	
617	Management Vertigo	0.8435	11,902	2,982	5,139	173	0.81	141	
651	Antepartum Routine	0.6701	32,797	1,270	2,171	130	1.06	138	
652	Postpartum Routine	0.9345	1,535	374	993	178	0.83	147	
653	Diag Inv Neonatal & Congenital	1.3690	141	93	180	312	0.64	198	
654	Management Neonatal & Congenital	0.6767	3,587	962	1,857	159	0.94	150	
656	Delivery with Postpartum Complications	0.7382	80	11	28	151	0.76	115	
657	Delivery without Postpartum Complications	0.8435	82	2	6	178	0.61	109	
658	Postpartum Conditions Outcomes Uncomplicated	0.6049	4,496	2,174	4,442	122	1.00	123	
659	Diag Inv Pregnancy with Abortive	3.0747	990	273	525	608	0.36	220	
660	Management Pregnancy with Abortive Outcomes Uncomp	1.1054	2,523	602	1,174	216	0.66	142	
662	Diag Inv Antepartum	1.8454	6,077	3,894	7,700	384	0.45	173	

Schedule 6 – Ambulatory Care Statistical Background

ACDS Code	Description	SWRV	Activity	2004/2005		Blended Costed Cases	Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation
				Costed Cases	Costed					
663	Management Antepartum	0.7300	53,280	18,659	35,173	149	0.88	131		
664	Diag Inv Pregnancy with Abortive Outcomes Complica	2.8978	153	35	85	589	0.40	235		
665	Management Pregnancy with AbortiveOutcomes Complic	1.2495	473	121	239	253	0.67	170		
701	Diag Inv Oncological	1.6935	1,089	427	816	344	0.66	226		
702	Management Oncological	0.7655	13,611	3,722	7,033	166	1.48	246		
703	Radiotherapy (includes diagnosis code V58.0)	0.4229	12	2	93	0.09	8			
704	IV Therapy -- Non Cancer Related	0.6247	172,022	45,984	87,078	130	1.22	158		
751	Diag Inv Ophthalmology 0 < 12 years	0.8801	132	99	202	183	0.72	132		
752	Diag Inv Ophthalmology 12 < 18 years	0.8566	115	105	207	175	0.68	118		
753	Diag Inv Ophthalmology 18 < 45 years	0.9082	1,173	1,022	1,848	187	0.57	107		
754	Diag Inv Ophthalmology 45 + years	0.9293	7,218	6,822	12,470	195	0.42	81		
755	Management Ophthalmology 0 < 12 years	0.4083	16,358	4,253	8,648	89	0.82	73		
756	Management Ophthalmology 12 < 18 years	0.4026	3,838	1,323	2,726	85	1.10	93		
757	Management Ophthalmology 18 < 45 years	0.4363	18,475	7,532	14,476	89	1.08	96		
758	Management Ophthalmology 45 + years	0.5271	37,225	27,668	52,187	107	0.99	106		
801	Diag Inv Psychiatry	1.5813	1,287	472	918	326	0.52	168		
802	Management Psychiatry	0.5499	74,001	26,615	54,745	128	1.35	172		
803	Drug & Alcohol Related Conditions	1.2677	14,665	4,294	8,093	262	0.73	190		
851	Diag Inv General Respiratory < 18 years	1.2036	9,115	3,890	8,020	265	0.49	129		
852	Diag Inv General Respiratory 18 + years	1.6322	32,609	9,234	18,173	323	0.54	175		
853	Management General Respiratory 0 < 1.5 years	0.6640	8,535	2,734	5,869	153	0.72	111		
854	Management General Respiratory 1.5 < 6 years	0.6777	14,534	4,958	10,405	155	0.75	117		
855	Management General Respiratory 6 < 18 years	0.6773	15,296	4,148	8,518	149	0.73	110		
856	Management General Respiratory 18 < 65 years	0.7267	45,153	6,314	12,669	147	0.81	118		
857	Management General Respiratory 65 + years	0.9564	13,544	2,917	6,061	204	0.75	152		
863	Diag Inv Severe Respiratory Disease	1.7457	660	304	649	386	0.43	165		
864	Management Severe Respiratory Disease	1.1957	3,149	502	1,178	288	0.57	164		
901	Diag Inv Skin & Soft Tissue	1.1014	14,761	4,830	8,953	233	0.60	139		
902	Management Skin & Soft Tissue	0.4400	166,363	35,033	67,816	93	1.32	123		
906	Cellulitis	0.7611	20,860	5,064	10,348	154	0.94	145		
951	Diag Inv Systemic Infection	1.4332	4,142	1,968	4,003	304	0.54	165		

Schedule 6 – Ambulatory Care Statistical Background

ACCS Code	Description	SWR	Activity	2004/2005		Average Cost	Coefficient of Variation	Standard Deviation
				Costed Cases	Blended Cases			
952	Management Systemic Infection < 18 years	0.5817	18,013	7,069	14,197	133	0.72	96
953	Management Systemic Infection 18 < 45 years	0.6496	5,671	1,202	2,372	130	0.81	105
954	Management Systemic Infection 45 + years	0.6408	2,425	650	1,225	130	1.09	142
955	Diag Inv AIDS	1.4992	145	132	258	322	0.78	252
956	Management AIDS	0.6757	5,741	2,502	5,336	145	1.03	151
999	Ungroupable	0.8374	674	24	221	170	0.84	142
1001	Open Fracture Fingers & Toes	1.0007	334	73	140	205	0.47	97
1002	Closed Fracture Fingers & Toes	0.6104	8,044	2,498	4,859	126	0.63	79
1003	Fractured Nose, Open & Closed	0.7086	1,577	423	814	147	0.82	120
1004	Open Fracture & Dislocations Other	1.0214	1,408	413	800	205	0.56	115
1005	Closed Fracture & Dislocations Other	0.9243	44,894	11,657	23,413	193	0.65	125
1007	Open Wounds without Complications	0.5383	27,838	4,789	9,551	111	0.86	95
1008	Open Wound with Complications	0.6595	4,487	888	1,772	134	0.90	121
1009	Sprains	0.7933	68,717	14,008	28,597	159	0.67	106
1010	Contusions Fingers/Toes	0.6273	6,149	1,170	2,284	122	0.52	63
1011	Contusions except Fingers/Toes	0.7945	43,133	9,793	19,818	158	0.80	126
1012	Open Wound Eye	0.4925	1,070	304	585	105	0.90	95
1013	Foreign Body Eyes, Ears, Nose	0.4227	5,656	781	1,612	88	0.72	63
1014	Foreign Body except Eyes, Ears, Nose	0.7978	2,458	766	1,585	173	0.78	134
1015	Diag Inv Poisoning	2.2721	813	305	591	474	0.61	289
1016	Management Poisoning	1.2632	12,863	3,911	7,924	264	0.85	225
1017	Amputation except Fingers/Toes	0.5226	28	1	1	135		
1018	Abuse/Sexual Assault 0 < 12 years	1.9739	414	308	656	430	0.95	408
1019	Abuse/Sexual Assault 12+ years	1.4483	819	340	702	306	0.96	293
1020	Burn Moderate to Severe	0.5243	583	109	273	109	0.87	95
1021	Minor Other Injuries	0.7697	34,359	7,283	14,676	160	0.94	152
1022	Moderate Other Injuries	2.4475	4,543	1,270	2,478	527	3.13	1,649
1024	Comas	1.3747	119	36	63	290	0.73	212
1025	Shock	1.0714	826	255	509	231	0.63	144
1026	Open Spinal Fracture & Dislocation	2.7419	1	1	591			
1027	Closed Spinal Fracture & Dislocation	1.4888	1,102	217	453	304	0.67	202

Schedule 6 – Ambulatory Care Statistical Background

ACDS Code	Description	2004/2005		2005/2006		Blended Cost	Average Cost	Coefficient of Variation	Standard Deviation
		SWRV	Activity	Costed Cases	Costed Cases				
1028	Diag Inv Head Injury	1.3362	2,563	408	899	290	0.50	145	
1029	Management Head Injury	0.5014	10,938	2,880	5,550	118	0.77	90	
1030	Diag Inv Thoraco-Abdominal & Major Vascular	1.7329	332	98	203	349	0.67	233	
1031	Management Thoraco-Abdominal & Major Vascular	0.6642	4,714	1,125	2,320	136	1.01	137	
1032	Burn Minor 0 < 6 years	0.5574	978	235	546	130	0.76	100	
1033	Burn Minor 6 + years	0.4645	6,888	1,103	2,205	94	0.79	75	
1034	Diag Inv Major Other Injuries	1.3815	69	22	46	313	0.65	203	
1035	Management Major Other Injuries	1.1679	423	164	328	299	1.10	330	
1051	Assessment Referral	0.4110	1,572	1,368	2,552	84	0.86	72	
1052	Assessment Intake	1.1637	20,096	9,014	16,918	258	0.78	202	
1053	Assessment Collateral	0.9458	1,378	77	162	191	0.78	149	
1054	Legal Assessment Half Day	1.0000	35						
1055	Legal Assessment Full Day	1.0000	5						
1056	Assessment Specialized	1.1175	5,533	3,523	7,197	224	1.00	224	
1057	Individual Therapy	0.4776	104,025	34,333	58,191	102	0.94	96	
1058	Crisis/Intervention Calls Telephone Crisis Calls	1.0000	216						
1059	Crisis/Intervention Calls Mobile Crisis Intervention Call	1.0000	694						
1060	Couple Therapy	0.7782	1,553	148	428	166	0.50	83	
1061	Family Therapy	1.1095	3,927	945	1,715	233	0.77	179	
1062	Group Therapy	0.1360	204,871	92,288	168,630	29	1.07	31	
1063	ECT	1.5888	2,625	1,236	1,423	310	0.35	109	
1064	Medication Administration	0.7921	24,412	7,770	14,686	172	0.44	76	
1065	Patient Specific Consultations/Case Supervision	0.4683	36,650	15,807	28,741	94	1.01	95	
1066	Patient Specific Hearings	1.0000	11						
1067	Patient Specific Professional Reports and Applications	1.0000	2,991						
1068	Patient Specific Critical Incident Documentation	1.0000	6						
1069	Diagnostic Testing/Scoring Testing Type 1	0.9557	576	312	400	190	0.79	150	
1070	Diagnostic Testing/Scoring Testing Type 2	2.6795	281	121	310	558	0.41	227	
1071	Diagnostic Testing/Scoring Testing Type 3	6.1781	496	64	125	1,324	0.24	313	
1072	Therapeutic Milieu Programs Half Day	0.3562	15,631	804	1,786	77	0.50	38	
1073	Therapeutic Milieu Programs Full Day	3.0855	7	5	675	0.18	123		

Schedule 6 – Ambulatory Care Statistical Background

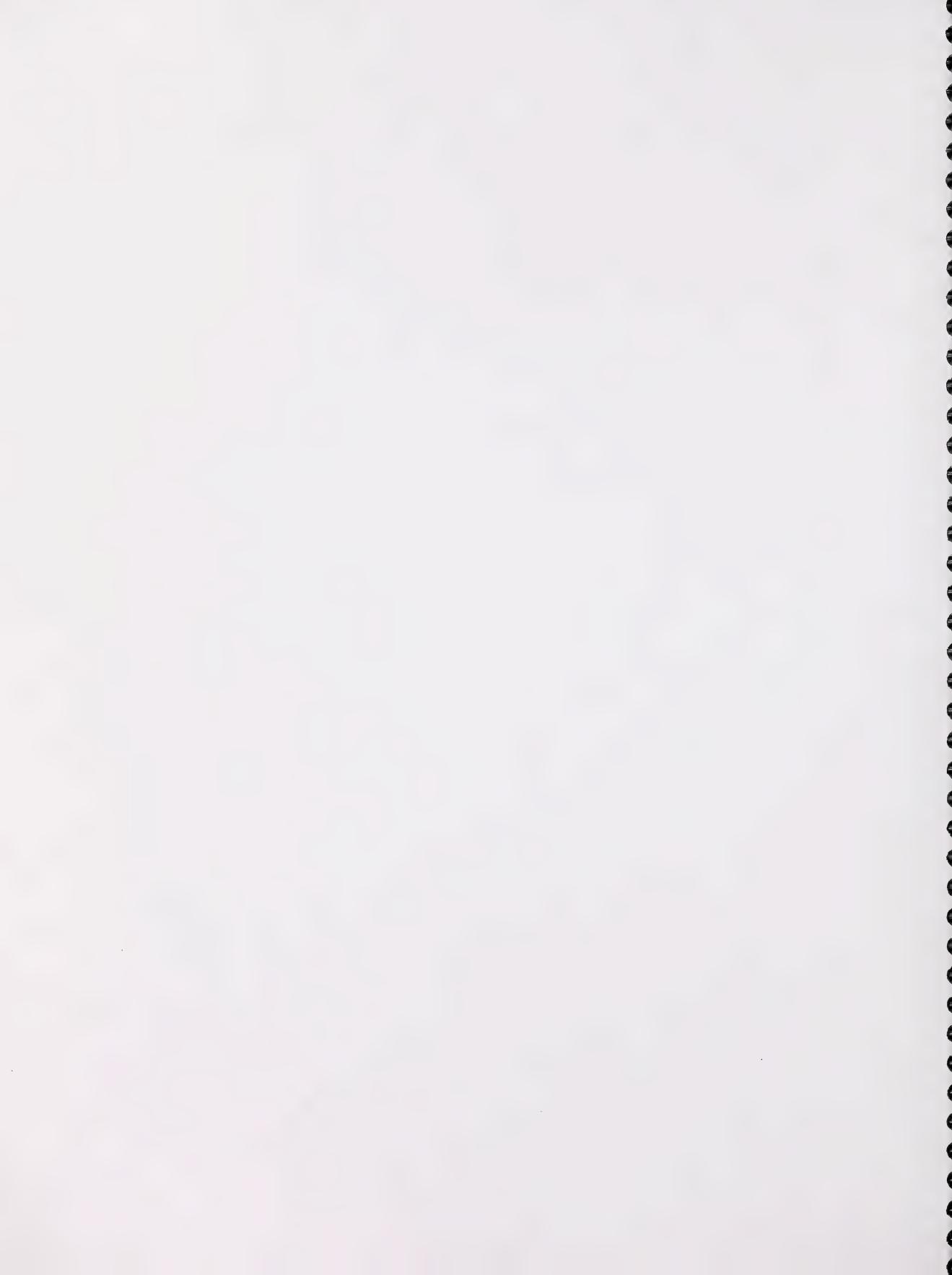
Act/S Code	Description	SWTRV	2004/2005		2005/2006		Average Cost	Coefficient of Variation	Standard Deviation
			Costed Activity	Cases	Blended Costed Cases	Cost			
1074	Mental Health Education 0-120 min	0.3239	10,136	9,230	18,237	92	1.09	101	
1075	Mental Health Education 121-240 min	1.8471	64	19	19	528	0.37	195	
1076	Mental Health Education 241-360 min								
1077	Mental Health Education 361-480 min								
1101	OT Group 1	0.0753	38,080	14,508	31,387	19	0.46	9	
1102	OT Group 2	0.1963	45,742	13,884	28,327	47	1.30	61	
1103	OT Group 3	0.3054	16,313	4,273	8,732	67	0.78	52	
1104	OT Group 4	0.6292	57,666	16,511	34,229	161	1.11	178	
1105	OT Group 5	0.8001	10,386	1,200	2,741	187	0.57	108	
1106	OT Group 6	1.3436	4,023	647	1,387	343	0.55	188	
1111	Physical Therapy Group 1	0.1328	310,115	25,561	51,569	33	0.99	33	
1112	Physical Therapy Group 2	0.2289	255,130	27,239	58,006	50	0.66	33	
1113	Physical Therapy Group 3	0.2940	48,776	6,126	12,853	62	0.49	31	
1114	Physical Therapy Group 4	0.4820	133,266	19,650	39,377	116	0.84	97	
1115	Physical Therapy Group 5	0.7254	10,844	1,193	2,224	173	0.55	96	
1116	Physical Therapy Group 6	1.1798	3,301	494	918	310	0.55	170	
1121	Recreational Therapy Group 1	0.0735	9,688	6,156	11,733	21	0.38	8	
1122	Recreational Therapy Group 2	0.1652	5,151	3,554	7,922	45	0.30	13	
1123	Recreational Therapy Group 3	0.2369	549	269	594	65	0.30	20	
1124	Recreational Therapy Group 4	0.3988	2,054	1,227	2,793	110	0.48	52	
1125	Recreational Therapy Group 5	0.6439	333	71	153	182	0.31	57	
1126	Recreational Therapy Group 6	0.9484	114	31	55	270	0.31	84	
1131	Speech-Language Pathology Group 1	0.1238	42,508	3,046	7,249	33	0.63	21	
1132	Speech-Language Pathology Group 2	0.2163	104,187	5,713	11,675	60	0.23	14	
1133	Speech-Language Pathology Group 3	0.3967	5,891	349	485	96	0.28	27	
1134	Speech-Language Pathology Group 4	0.8962	116,767	11,649	23,022	244	0.84	206	
1135	Speech-Language Pathology Group 5	1.2273	7,512	444	805	292	0.65	189	
1136	Speech-Language Pathology Group 6	1.9351	2,392	340	713	499	0.67	334	
1141	Audiology Group 1	0.8008	1,759	338	964	148	0.52	78	
1142	Audiology Group 2	0.3766	8,294	1,999	3,641	79	0.40	31	
1143	Audiology Group 3	1.2327	12,220	5,756	9,839	305	0.78	238	

Schedule 6 -- Ambulatory Care Statistical Background

Activity Code	Description	SWTRV	Activity	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation
				Costed Cases	Costed Cases				
1144	Audiology Group 4	2,5807	390	273	489	659	0.56	367	
1145	Audiology Group 5 - Cochlear Implant	1,0000	300						
1151	Resp Therapy Group 1	0,2195	14,022	6,115	13,490	46	2.19	101	
1152	Resp Therapy Group 2	0,4093	29,184	10,084	20,004	85	1.48	126	
1153	Resp Therapy Group 3	0,3565	15,946	5,133	10,820	71	0.96	68	
1154	Resp Therapy Group 4	0,7267	25,445	7,271	15,812	151	0.87	131	
1155	Resp Therapy Group 5	0,8562	5,922	2,957	5,943	173	0.73	126	
1156	Resp Therapy Group 6	1,6262	3,543	2,492	5,299	337	0.64	215	
1201	Clinical Nutrition Group 1	0,1368	29,271	20,125	37,186	29	0.83	24	
1202	Clinical Nutrition Group 2	0,2955	34,300	13,248	24,262	62	0.55	34	
1203	Clinical Nutrition Group 3	0,4139	11,054	2,925	5,524	91	0.72	66	
1204	Clinical Nutrition Group 4	0,7902	22,349	11,812	22,106	170	0.53	90	
1205	Clinical Nutrition Group 5	0,9169	4,294	1,314	2,304	200	0.46	91	
1206	Clinical Nutrition Group 6	1,4488	900	426	753	316	0.47	150	
1221	Social Work Group 1	0,2094	19,978	10,933	24,084	51	0.74	38	
1222	Social Work Group 2	0,4890	25,906	7,925	16,697	113	0.61	69	
1223	Social Work Group 3	0,8885	5,022	1,356	2,745	197	0.42	83	
1224	Social Work Group 4	1,2548	1,917	1,087	2,256	325	0.48	155	
1225	Social Work Group 5	1,7469	487	116	237	403	0.41	164	
1226	Social Work Group 6	2,6660	64	17	44	648	0.35	224	
1241	Psychology Group 1	0,1899	11,030	4,328	14,718	53	0.69	37	
1242	Psychology Group 2	0,6075	11,094	3,813	6,784	158	0.48	75	
1243	Psychology Group 3	1,0108	2,494	836	1,517	258	0.48	125	
1244	Psychology Group 4	1,8918	3,881	2,455	5,165	534	0.65	348	
1245	Psychology Group 5	2,6553	553	303	596	730	0.66	481	
1246	Psychology Group 6	6,9221	165	129	255	1,676	0.78	1,308	
1247	Psychology Group 7	1,8041	165	88	88	516	0.93	479	
1248	Psychology Group 8	2,1084	83	72	72	603	0.54	323	
1249	Psychology Group 9	2,5660	58	45	45	734	0.42	310	
2001	Critical Care Unit or O.R. with Secondary Diagnosis	2,3676	4,776	1,500	3,023	493	0.93	459	
2002	Critical Care Unit or O.R. without Secondary Diagnosis	2,8809	5,840	2,204	3,985	579	1.41	818	

Schedule 6 – Ambulatory Care Statistical Background

ACOS Code	Description	2004/2005		2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation
		SWRV	Activity	Costed Cases	Costed Cases				
2003	Other Unit with Secondary Diagnosis	2,0886	70,144	17,125	34,316	441	0.67	295	
2004	Other Unit without Secondary Diagnosis	1,7632	77,350	16,941	33,758	371	0.79	292	
2021	DOA	0,4196	549	22	30	88	1.35	118	
2022	Died During Visit	1,4628	775	199	366	312	1.63	507	
2023	Death - Organ Donor	0,1371	1	1	1	30			
2041	Patient Transferred with Secondary Diagnosis	2,7524	15,771	2,937	5,580	538	0.72	386	
2042	Patient Transferred without Secondary Diagnosis	2,4171	9,580	2,328	4,304	474	0.90	425	
2050	Diag Inv General Symptoms/ Exam	1,2531	16,150	10,746	20,563	266	0.59	158	
2051	Management General Symptoms/Exam < 18 years	0,7945	18,488	7,750	17,452	198	1.74	344	
2052	Management General Symptoms/Exam 18 < 45 years	0,6064	30,590	8,762	23,029	126	0.94	118	
2053	Management General Symptoms/Exam 45 < 65 years	0,5860	30,178	9,222	18,276	124	1.08	134	
2054	Management General Symptoms/Exam 65+ years	0,7198	27,917	9,136	18,113	168	1.54	258	
2059	Prophylactic Vaccination	0,6397	19,496	2,857	5,902	130	1.01	131	
2060	Therapeutic Medical Counselling	0,7160	61,953	5,951	12,862	149	1.12	167	
2062	Preoperative Exam	1,0522	86,776	40,861	73,669	221	0.74	163	
2064	Therapy - No Intervention Code	0,6345	59,291	11,843	21,769	131	1.10	143	
2066	Contact/Carrier of Communicable Disease	0,5858	1,950	258	486	122	1.58	192	
2067	Health Hazard Related to Personal/Family History	9,5347	21,973	1,058	2,148	2,066	1.54	3,175	
2068	Routine Health Supervision	0,4230	15,204	10,861	21,533	88	1.59	140	
2069	Post surgical Status	0,5671	70,261	8,643	17,885	135	1.14	154	
2070	Follow-up/Convalescence	0,4016	39,085	18,946	37,215	88	1.39	122	
2071	Screening Exam	0,8702	11,819	4,024	8,179	190	0.47	89	
2072	Screening Exam - Genetics								
2073	Genetic Counselling	4,9713	1,772	1,771	3,693	1,077	0.76	818	
2081	Non Registered Service Recipients	0,2320	401,228	186,234	358,766	51	1.42	73	
2082	Mode of Service - Telephone	0,6408	7,113	700	1,932	137	0.85	117	
2099	Patient Left Without Being Seen								



Appendix

Cost Weight Development

The process used by Alberta Health and Wellness to develop cost weights or relative values for each of the inpatient and ambulatory care groups is based on the hospital specific relative value methodology.

Calculating relative values adjusts for differences in utilization patterns and pricing (costing) between facilities. Because this allows for easy combining of data from different provinces and across years, it produces a set of relative values that do not require complex adjustments to make the data comparable. This method first calculates the hospital specific relative value (HSRV) for each group (ACCS cell, CMG, or Plx group) for each hospital, then derives an initial system wide (including all hospitals) relative value (SWRV), and finally calculates a case mix index (CMI). While the steps below are based on ambulatory care calculations, a similar process is undertaken for the inpatient data.

HSRV - Step 1

Raw costing information is received from the costing regions and processed at Alberta Health and Wellness. An average cost per case is calculated for each ACCS cell. These costs are then available as input into the relative value calculation process.

ACCS #	Description	Hospital A		Hospital B		Province-Wide	
		Cases	Average Cost \$	Cases	Average Cost \$	Cases	Average Cost \$ (wtd avg.)
26	Hernia	2	\$300.00	6	\$450.00	8	\$412.50
62	Hemodialysis	5	\$200.00	10	\$300.00	15	\$266.67
1009	Sprains	9	\$100.00	16	\$150.00	25	\$132.00
	Total Hospital	16	\$156.25	32	\$253.13	48	\$220.84

HSRV - Step 2

The relative value calculation requires cost data by institution and by group. First, the average cost per case by ACCS code, by facility, is divided by the average cost for all cases in that facility (average institution case cost) to derive the HSRV for each ACCS cell. This allows us to look at the cost of an ACCS code relative to other ACCS codes in that facility rather than at the average cost.

Health Costing in Alberta

2005 Annual Report

				Hospital A
ACCS #	Description	Cases	Average Cost \$	Hospital Specific Relative Value (HSRV)
26	Hernia	2	\$300.00	\$300/\$156.25=1.92
62	Hemodialysis	5	\$200.00	\$200/\$156.25=1.28
1009	Sprains	9	\$100.00	\$100/\$156.25=0.64
	Total Hospital	16	\$156.25	N/A

HSRV - Step 3

The initial SWRVs are calculated for each ACCS code by taking a weighted average of the hospital specific relative values from each facility. For each facility, the number of cases in an ACCS cell is multiplied by the HSRV for that ACCS cell. Then, divide this result by the total number of cases in the system (province) for that particular ACCS code. The sum of the results of this calculation for all facilities is the initial SWRV.

		Hospital A		Province-Wide
ACCS #	Description	Cases	Average Cost \$	Initial System Wide Relative Value (ISWRV) (wtd.avg. Of HSRVs)
26	Hernia	2	\$300.00	\$300/\$156.25=1.92
62	Hemodialysis	5	\$200.00	\$200/\$156.25=1.28
1009	Sprains	9	\$100.00	\$100/\$156.25=0.64
	Total Hospital	16	\$156.25	N/A

Note: Calculates a system wide relative measure of the value of an ACCS cell compared to other ACCS cells

This calculation filters out the differences in efficiencies between hospitals. This can occur if a hospital is a teaching hospital, and would typically incur higher costs per case, or if a hospital uses different technology in treating patients.

HSRV - Step 4

The CMI adjusts for differences in the case mix of treatments in a hospital. For example, if a hospital typically treats much more severe patients, the CMI will adjust the relative values to take that into account.

For each facility, the CMI is calculated by multiplying the SWRV for each ACCS cell by the number of cases in each cell for that facility. The resulting values are then summed. This total is then divided by the number of cases treated in that hospital, which results in the facility's CMI.

Health Costing in Alberta

2006 Annual Report

Case Mix Index = sum of adjusted value of cases (SWRV units)/actual number of cases = $15.1976/16 = 0.9498$

Hospital A				
ACCS #	Description	Cases	Average Cost \$	Initial System Wide Relative Value units = SWRV x # of cases
				Adjusted Hospital Specific Relative Value (AHSRV)
26	Hernia	2	\$300.00	$1.8133*2=3.6267$
62	Hemodialysis	5	\$200.00	$1.2168*5=6.0840$
1009	Sprains	9	\$100.00	$0.6097*9=5.4869$
	Total Hospital	16	\$156.25	Total = 15.1976

Notes:

- Cases in Hosp A adjusted using average system wide relative values.

- Relative value of ACCS adjusted by case mix index for Hospital A

The HSRVs for each ACCS code by facility are then multiplied by that facility's CMI to give a new set of adjusted hospital specific relative values (AHSRVs). For each ACCS cell, these AHSRVs are then summed from all of the hospitals and divided by the total number of cases in each case group to derive a new set of SWRVs.

HSRV - Step 5

Steps 3 and 4 are repeated (weighting HSRVs, averaging HSRVs, and adjusting for case mix) until the difference between successive SWRVs is less than 1 per cent.

The final results of the HSRV process for the 2004/2005 inpatient and ambulatory care cost data are outlined in schedules 3 and 6. In these two schedules the results in the "average cost" columns are based on the same set of data used in the costing process to produce relative values (all exclusions, including trimming, are applied to the data).

*Alberta Health
Health Costing in Alberta
2005 Annual Report*

Government of Alberta 2005 Annual Report

Category	Value	Count	Rate	Comments
Total Health Care	\$2,525,520,000	1,000	\$2,525,520	
Hospital Care	\$1,012,570,000	600	\$1,687,617	
Home Care	\$1,512,950,000	400	\$3,782,375	

average of the hospital specific costing rates from each facility. For each hospital facility, a rate is based on the total cost of hospitalization or the HCC rate that ACCS provides. This will result in the same number of cases in the same frequency for each particular hospital. The sum of the costs of the hospital facilities is the total figure.

Each facility will be assigned one of three to four staff

(HCC) based on its capacity and the number of staff developed for the specific hospital. The hospital will be assigned a rate based on a variety of factors such as patient mix, patient volume, and patient acuity.

Category	Value	Count	Rate	Comments
Total Health Care	\$2,525,520,000	1,000	\$2,525,520	
Hospital Care	\$1,012,570,000	600	\$1,687,617	
Home Care	\$1,512,950,000	400	\$3,782,375	

For example, if a hospital has 100 beds and 100 patients, it will receive 100 staff assigned to the hospital. If the hospital has 100 beds and 100 patients, it will receive 100 staff assigned to the hospital.

In addition, 2005/2006 will not receive VRBIs and no rates, and no new staff will be created on this date. As a result, a hospital will receive 100 staff assigned to the hospital. If the hospital has 100 beds and 100 patients, it will receive 100 staff assigned to the hospital. If the hospital has 100 beds and 100 patients, it will receive 100 staff assigned to the hospital.

2005 - 2006

The CHC will have differences in the number of staff assigned to the hospital. For example, if a hospital has 100 beds, much more staff will be assigned to the hospital than will be assigned to the hospital.

For example, the CHC will continue to calculate the CHC for each HCC rate by the number of days in the hospital stay. The resulting rates are then averaged. The rates are then divided by the number of cases stayed in each hospital, which creates the average CHC.



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